

**THE CONCEPT OF “MADNESS” AND ITS  
MANAGEMENT: THE KERALA SCENARIO**

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## **Chapter IV**

# **RESULTS AND DISCUSSION**

This chapter consists of the major findings derived from the thematic analysis and textual analysis of the data. The results obtained are explored to arrive at a few hypotheses which offer scope for further research and analysis. This chapter is divided into three sections.

### **Section I: Concept of bhranth (madness)**

This section addresses the objectives to explore the concept of madness in the cultural context of Kerala. The concept is studied using the texts and fairy tales.

### **Section II: Madness: Indigenous healing traditions in Kerala**

Second section deals with the objective to study the status of indigenous healing practices for managing mental illness in Kerala. It is further sub divided into a) family based practices, b) religious centre based practices and c) ritual art forms.

### **Section III: The emergence, establishment and practice of Psychiatry in nineteenth and early twentieth century in Kerala**

To explore the history of psychiatric treatment in Kerala, this section is planned. It provides huge data and its analysis from the archival documents of Lunatic Asylums in Kerala.

## **Section I**

### **CONCEPT OF BHRANTH (MADNESS)**

*“Texts, then, are defined as being the semiotic  
manifestation of material social processes”*

( Ledema, 2001, p. 187)

Psychologists’ turn to language was inspired by theories and research, which had emerged within other disciplines over a period of time. From the 1950s onwards, philosophers, communication theorists, historians and sociologists became increasingly interested in language as a social performance. The assumption that language provides a set of unambiguous signs with which to label internal states and with which to describe external reality began to be challenged. Instead, language was reconceptualized as productive; that is to say language was seen to construct versions of social reality, and it was seen to achieve social objectives. The focus of inquiry shifted from individuals and their intentions to language and its productive potentials. Wittgenstein’s philosophy, Austin’s speech act theory and Foucault’s historical studies of

discursive practices are important examples of this shift (Willig, 2003).

Lovlie (1992) observed, “We may believe ourselves to be masters of language. In fact it is more apt to say that language masters us. Language can then be described as a structure of signs which is itself the repository of meaning, independent of reference to the facts of the world or the intentions of a subject” (Lovlie, 1992, p 119).

He also pointed out that, instead of being defined by the correspondence between word and world or between sign and its factual referent, meaning is now found in the relation between signs. That is to say, signs do not have meaning in themselves but get their meaning by the distinctive place they occupy in contrast to other signs in the networks of language. This incidentally, makes the traditional search for definitions not only dubious, but also futile (Lovlie, 1992, p. 122).

According to Norris (1987) “The word is a hybrid between ‘destruction’ and ‘construction’, conveying the idea that old and obsolete concepts have to be demolished for new ones to be erected. Norris defines it as the vigilant seeking out of these ‘aporias’, blind-spots or moments of self contradiction where a text involuntarily betrays the tension between rhetoric and logic,

between what is manifestly means to say and what it is nonetheless constrained to mean (Norris, 1987, p. 19).

The radical deconstructionist move is to constitute the subject as a text (or the text as subject), making it impossible for that subject to refer to itself in any consistent way, independent of the world of signs it is enmeshed in. In this scheme the subject is doomed to perpetual exile from itself. It is exposed to the endless substitutions of meaning (Lovlie, 1992)

In this section, the researcher studies the first objective, which state that, the concept of word *bhranthu* (madness) in the cultural context of Kerala through textual analysis. The following section is divided into two; the first part talks about description of words related to madness in Malayalam and the second part analyze these words based on the themes and its categories.

#### **4.1.1 Part I: Word description**

Malayalam belongs to the family of Dravidian languages, so it is quite evident that in tracing any words to its source, we must take into consideration the all-important cognates of this word in the other Dravidian languages. Tracing the origin of the word *bhranthu* and related words in Malayalam, we frequently come across with words, which are declared to be 'of unknown origin'.

Historians claimed that Malayalam originated from Tamil. Menon (2007) pointed out that till about 800 A.D., Kerala was

almost a part of *Tamizhakam* and the language of the region was *Tamil* with its own peculiar local characteristics. Some of the leading Tamil poets like *Paranar Ilango Adikal* and *Kulasekhara Alwar* hail from Kerala. The origin of Malayalam as a distinct language may be traced to the 9<sup>th</sup> century A.D. In fact, Malayalam was the last of the four Dravidian languages to take distinct shape, the other three being Tamil, Kannada, and Telugu. It had its origin in the primitive Tamil spoken in Kerala but its gradual evolution to its present form was influenced by the circumstances that prevailed in Kerala during the various phases of its history. Having originated as an offshoot of Tamil, it came under the influence of Sanskrit and when the Brahmins became an important element in the population of Kerala in due course it came to have a literature of its own. It may be mentioned here that with its emergence as a distinct language Malayalam discarded the old *Vattezhuthu* script and evolved a new script based on *Grantha* used in South India for writing Sanskrit.

According to Nambudiri (2002), the history of a particular language begins only once it developed a script for writing. In that sense Malayalam developed as an independent language in the 9<sup>th</sup> century A.D. The first script of Malayalam has been found in 832 A.D., which is known as '*Vazhaappilly shasanam*', which was written in mixed *Vattezhuthu* and *Grantha* script.<sup>1</sup> That does not

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<sup>1</sup> Old Malayalam scripts

mean that Malayalam was not prevalent before 9<sup>th</sup> century as a language. Before 9<sup>th</sup> century Malayalam was under the influence of Tamil and it come across various transformation through the centuries. Some of these transformations of Malayalam will be explained in the next section. So the development of the concept of madness also comes across these transformations.

This section gives a comprehensive picture of the common Malayalam words used in the discourse of madness. The researcher has reviewed and analyzed a few dictionaries and historical textbooks to trace the evolution of the word 'madness'. The details have given in the methodology chapter.

There are different words used in Malayalam to express the word 'madness'. The common words are found to be (1) Bhranth, (2) Vattu, (3) PĒ, (4) Ulan, (5) Cittabhramam, (6) Ilakkam and (7) Unmadam. The following section analyses the origin and meaning of these words. Exploring the meaning of these words has helped the researcher to arrive at and deal with the cultural intricacies of the word 'madness'. The impression of the researcher on the social structure of Kerala and its role in the formation of the concept and management was quite an interesting fold in this research.

#### **4.1.1.1 Word 1 - Bhranth**

According to Nambudirippad (2003) most of the words are originated from verb roots. (Verb root means which holds verb)<sup>2</sup>.

The word *bhranthu* originated in Malayalam from the verb root of '*bhram*'. The verb root of '*Bhram*' has originated from Sanskrit.

The general meaning of *Bhram* is to wander or roam about, rove ramble, to wander through or over a country; with *bhiksham*, go about begging, to fly about, to roll about etc. (Williams, 2005). According to the experts' opinion and available text about the etymology of words in Malayalam; the words may receive new propositions and that lead to new meanings. In the case of *bhranthu* it could be a symptomatic meaning. A symptomatic meaning generally originate in the context where the existing word could not stand for.

In Sanskrit we can find some other words, which originated from the verb root of '*Bhram*' for example '*Bhranta*, *Bhranti*'. These two words have the similar meaning of wandering or roaming about. The word *Bhranti* also has a meaning of false impression of mistaking something for, supposing anything to be or to exist. An old Sanskrit grammar text written by Panini used an Alangaram (rhetoric) called *Bhranthiman*. (Gundertt, 1872)<sup>3</sup>

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<sup>2</sup> ദയാതി ക്രിയാമിതി ധാതു

<sup>3</sup> ലക്ഷണം (സാദൃശ്യം കെട് ഒന്ന് മറ്റൊന്നാണെന്നു ഭ്രമിക്കുന്നത്)



Gudertt (1872) has also observed that *bhrantha* has a meaning of elephant in rut, moving about unsteadily, rolling. Analyzing the general meaning of the verb root of Bhram, it has been seen that two meanings are predominated:

1) The wandering and moving nature

2) Unsteadiness

The researcher then analysed one of the famous folk narratives of *Naranathu Bhranthan* (the madman of Naranathu), which has been prevailed in the folk notions of Kerala. The researcher thus hypothesized that the existing folk knowledge also supports the origin of the word *bhranthu* from the general meaning of roaming and wandering and unsteady nature of the *bhranthan* (Madman). The following section explores this construction of the word *bhranthu* through the analysis of Naranathu Bhranthan epic existing in Kerala.

#### **4.1.1.1.1 The narrative of Naranathu Bhranthan (The mad man of Naranathu)**

The folk stories of Malayalam are unique in richness and variety. It reflects the psyche of *Keralites* better than anything else. In that sense, to explore the origin of the word *Branthu* in Malayalam, there is also a possibility to analyze some of the popular folk stories about madness. One of the most interesting folk stories that give some inputs into the historical evolution of the concept is the story of Naranathu *Bhranthan* (The Mad man of Naranathu). The acts and the philosophy, which the Naranathu *Bhranthan* represent throws light on the complex existence of *Bhranthan* (Madman) in the context of Kerala. So the narrative of *Naranathu Bhranthan* is an inevitable thread, which makes us to

explore the cultural psyche of *Keralites*. While understanding the madman story and its connection with the etymology of the word 'madness', there are few questions need to be addressed. Who is this madman? What is his origin? Why is he so popular among *Keralites*? What does he represent?

There are numerous stories about Naranathu Bhuranthan stay alive in different parts of Kerala. These stories have been taken from the Puranic Encyclopedia and folk tales of Kerala. Based on the general assumptions of social constructivist perspective in the background, the present study explores the possibilities of Naranathu Bhuranthan episode for understanding the discourse of madness in the context of Kerala.

The Great King Vikramaditya had many fine scholars at his court, Vararuchi was a learnt Brahmin, was the chief among them. One day, the King asked him, "tell me now, which is the finest verse in Ramayana?" Vararuchi was at a loss. How could he choose one verse among so many excellent verses? The King, with the usual unreasonableness of royalty, said, "Unless you can give me the answer, you need not come to this court." Vararuchi began his wanderings. He met great scholars and asked them the same question, but he was none the wiser for all his efforts. Weary and dispirited, he laid himself down under a peepal tree in a forest which was said to be haunted. He prayed to gods to keep him safe. The peepal tree was the abode of evil spirits. They used to drink human blood, especially of women during confinement. During the night, he heard a conversation among the spirits on the tree. "If you had come from a village nearby, there is a woman in the village nearing her confinement." The newcomer said, "if you want a feast, come." But spirit on the tree declined. "We

have to keep watch here,” they said. “A great Brahmin scholar is sleeping under this tree. You come back and tell us all the news.” At about midnight, the spirits returned. They said, “it was a paraya<sup>4</sup> woman and she delivered a girl. The girl will be married to a Brahmin whose name is Vararuchi. He is a great scholar, but he does not the most excellent verse in the Ramayana.” Saying this, they recited the verse. Vararuchi was happy that his quest was over.

He knew the verse now but to be married to a paraya girl: Oh! That was indeed terrible. Something must be done about it and speedily. So, he went back to the court and repeated to the king the verse he wanted so much to hear. The king was happy, but he also warned him: “Oh king! A grave danger is threatening Your Majesty. There is a Chandala girl born in your kingdom who will bring ruin upon the land.” The king knew that Vararuchi was a great scholar and astrologer, so he lost no time in sending his servants to find the girl. He ordered that the baby should be put on a small raft and floated down the river, with a candle fixed on its head. After some years, Vararuchi left the king’s court and wandered all over the land. One night, he was a guest of a Brahmin gentleman who knew about him and received him with great honor. He invited Vararuchi to dinner, but the latter said, “there are some conditions to be fulfilled before I take my food. First, I must have veeravalli pattu (a kind of soft silk) to put on after my bath. Second, one hundred persons must be fed before I eat. Third, I must have 108 curries for my dinner. Four, I must eat three people after taking food. Fifth, four people must carry me afterwards.”

The host felt that these were impossible conditions, but he had a very wise daughter who said, “father, don’t be worried. We can do what he wants.” “How is it possible my daughter?” he asked. “Don’t you see father that he is

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<sup>4</sup> Paraya- according to the caste hierarchy in Kerala, paraya community is considered as one of the lowest castes. Brahmin is the supreme caste. There exists clear demarcation between people in terms of their caste, even untouchability.

merely using figurative language? He wants veeravalli pattu to wear. He is referring to his underwear, which need only be of ordinary cloth. He has to feed 100 people, that means only that he must perform the ceremony of vysiam, we have to supply some sandalwood, some flowers, etc. - nothing very hard to get. He says that after taking food he must eat three people. He is merely referring to pansupari, which consists of three things, betel leaf, areca nut, and lime,” said the girl. “He says four people should carry him? What does he mean by that?” “Oh, that! That means only that he should sleep on a cot with four legs.” “Is that all? I will tell him that we will fulfill his conditions. You are indeed a blessing to me, my daughter.” So Vararuchi was informed that he could have all that he wanted. He wished to know how his host had managed to find out his meaning. “I have a very clever daughter who understood your meaning.” Vararuchi decided that he should marry that wonderful girl. Her father was very happy to give his daughter to so learnt a man. So, he married her and took her to his own home.

One day, Vararuchi combed the lovely hair of his wife. He found a healed wound on her head. “What is this, my love?” he asked. “Oh that! There is a story connected with it. You see, I am not the Brahmin’s daughter. My parents, for reasons best known to them, put me on a small raft, set a candle on my head and floated me down the river. This mark is of the nail with which they fixed the candle on my head. That Brahmin saved me and brought me up as his own child.” Vararuchi then knew that no one could escape one’s destiny. He had married a paraya girl afterall. So he left Vikramaditya’s land and wandered South and came to Kerala.

His wife conceived, and he asked her to have her confinement in the forest. When she informed him of the child’s birth, he asked, “has the child a mouth?” “Yes, replied his wife.” “Then leave him in the forest. The god who gave him a mouth will give him food also (this is a usual saying among

Malayalees – vaa thanna daivam irayum tharum)The wife obeyed him and left the child in the forest. The same question Vararuchi asked her every time a baby was born to her and being answered in the affirmative, the infant was left in the forest. The mother did not wish to lose all her children, so when the twelfth child was born, she told her husband he has no mouth! And when the baby was brought to his father, it had no mouth. The mother was such a loving and faithful wife that even her lie became truth! The father's prophecy also became true. All the children survived. No one died of starvation. The last one who had no mouth became a god and is known as 'Vayillakkunnilapan' i.e., the mouthless god on the hill. The first child was called 'Melatthol Agnihothri,' since he was brought up by a Namboodiri Brahmin of the Agnihothri family. The second son was the famous 'Naranathu Bhuranthan' i.e., the madman of Naranathu. The next became a princess and was known as 'Karakkalamma.' The next, who was known as 'Akavoor Chatthan,' became a physician. The next was named Vaduthalanair. The sixth was called Uppukottan. The next, Rajakan, was a washerman. The next, Perunthachan, was a carpenter. Another son, Valluvan, became a weaver. The tenth, Pananar, was a tailor, and the next, Pakkanar, was a Paraya. These eleven are believed to be the founders of many different casts in Kerala. They are all said to be really Avatars of Mahavishnu. This is how it was discovered. In course of time, they all came to know each other after their father's death. They had got together at their eldest brother Agnihothri's house.

It was the Sharaddha ceremony of the father Agnihothri's wife was a Namboodiri woman, of very high caste, did not like to have them all in her house. But her husband took her to the rooms in which brothers were sleeping and when she looked at them, she saw that each of them had the divine signs of Mahavishnu on him. (Jacob, 1972, P.99-104)

The *Naranathu Bhuranthan* story is a folk composition borrowed from the folk tales. *Naranathu Bhuranthan* is probably the

best known and most interesting character among the sons of Vararuchi. The worse *Bhranthan* means “mad man”, and it could not be denied that he was a very queer person. Still, He had divine gifts. His one amusement was to take big stones to the top of the hill and see them roll down. He went about begging for his food. During the night, he would boil the rice that he got by begging and eat and sleep wherever he found himself.

#### **4.1.1.1.2 Conversation with Bhadrakali<sup>5</sup>**

One evening, he was in a cremation ground which people usually avoided, but he did not know what fear was. Quietly, he began to cook his food. In the night, the terrible goddess Bhadrakali and her minions came to the place. They began to dance and make noise. Then they saw Naranathu Bhranthan

**.Bhadrakali:** “You must get away.” The goddess told him.

(Naranathu Bhranthan was surprised.)

**Naranathu Bhranthan:** “Why should I get away?” he asked. “You just mind your business, and I will mind mine.”

**Bhadrakali:** “When we dance no one should see us.”

**Naranathu Bhranthan:** “There is plenty of space here. You have your dance.”

**Bhadrakali:** “No, you must go. I will not allow you to be here.”

**Naranathu Bhranthan:** “Oh! Why should I take orders from you, if I might be so bold as to ask? Am I your slave?”

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<sup>5</sup> Bhadra Kali is one of the powerful goddesses in the ritualistic history of Kerala. She is believed to be the daughter of Shiva. She represents the mother goddesses’ tradition of the natives of Kerala.

**Bhadrakali:** "No, but I will see that you go."

**Naranathu Bhuranthan:** "You may try." The goddess then made a determined effort to frighten him. She looked very frightful, so did the other spirits with her. They howled and rushed at him, but he looked at their antics with a smile of amusement. At last, the goddess found that he was no ordinary man. She gave up her efforts to frighten him.

**Bhadrakali:** "If I meet a man, I must either bless him or curse him. I will give you a blessing. What would you have?"

**Naranathu Bhuranthan:** "Nothing, only leave me in peace."

**Bhadrakali:** "No, no, you must ask me some blessing."

**Naranathu Bhuranthan:** "Then you increase my life's allotted span by a single day."

**Bhadrakali:** "That I cannot do."

**Naranathu Bhuranthan:** "Then you reduce it by a single day."

**Bhadrakali:** "That also is beyond my power."

**Naranathu Bhuranthan:** "Oh! Then you cannot do anything really."

**Bhadrakali:** "You ask for some other blessing."

**Naranathu Bhuranthan:** "Oh, bother! You will not leave me alone. If you are very particular, do one thing. I have elephantiasis on my left foot; transfer it to my right foot." (The goddess did this and left him in peace.) (Jacob , 1972 P102-107)

It is not easy to discover the exact meaning of this story. One might suppose that it is general means of genius madness controversy. One might contemplate that this is just a romantic fairy-tale of madness so it is not to be well thought-out for the



further analysis. On the other hand it is possible to approach the same narrative as highly symbolic representation of the images of madness. It also represents the historical evolution of the discourse of madness in the cultural milieu of Kerala.

The researcher interprets the epic of Naranathu Bhranthan to explore the word *bhranthu* in the light of the complex interconnected linguistic and socio-cultural traditions of Kerala. The analysis of the above would be carried out in the last part of this section.

#### **4.1.1.2 Word 2 - Unmadam**

*Unmadam* is originated from the Sanskrit word *un-matta* which means that disordered in intellect, distracted, insane frantic and mad (William, 2005). According Dash and Kashyap (1980) the word *unmatta* is cited in the old *Ayurvedic text Charaka Samhitha and Sushruta sutras*.

In the *Caraka Samhita Vithana Sthān, Chapter VII*, the *unmatta* is classified in two types.

- (1) Insanity due to *Doshas*.
- (2) Insanity due to *Agantuka*.

#### **(1) *Unmatta* (Insanity) due to *doshas***

*Ayurveda* theory of health and illness is based on tridosha principle. *Vata, pitta and Kapha* are three dosas (humours) and

mental illnesses are classified as aggravations of them. They are *Vatikonmada, Paittikonmada, Kaphajonmada and Sannipatonmada*.

## **(2) Unmatta (Insanity) due to Agantuka causes**

Insanity can also be caused due to some exogenous factors. They are generally known as *Bhutonmada*, *Devonmatta*, *Gurvadyanmatta*, *Pitronmatta*, *Gandharvonmatta*, *Yaksonatta*, *Rakshasonmatta*, *Brahmaraksasonamatta* and *Pisaconmatta* (Dash & Kashyap, 1980).

*Susrutha* classified the drugs into various groups. In the preface of the classification he stated, "It has been stated by the Sages that the human body which suffers from diseases is a conglomeration of *doshas*, *dhatu*s (tissue elements), and *malas* (waste products). If there is morbidity in this body, the physician should alleviate these ailments by the administration of drugs. Now some of these drugs are being described by putting them into different groups for the convenience of treatment. These groups are thirty-seven in number after ascertaining predominance of either Vayu, Pitta or Kapha and the nature of the compound, disease and the patient, the physician should administer these drugs after proper selection (Dash & Kashyap, 1980, p. 411).

Among this classification *Susrutha* mentions a drug called *dhattura*, which comes under the group of drugs for alleviation of Vayu. It belongs to the *Vidarigandhadi* group. Unmatta found to be one of the synonymous for *dhattura* (Dash & Kashyap, page 488).

*Ummathin kaya*, the fruit of Ummam tree is one of the common ingredients of medicine for mental illness in Kerala Ayurvedic tradition. Namboodirippadu (1980) has given Ummathu as one of the meanings for *bhrantham*, which has a similar meaning to *bhranth*. Dr. Sundaran, Ayurvedic physician commented that there could be a connection between the use of Ummam and the word Unmadam. Thus the researcher might assume that the word Unmada is very much related to the Ayurvedic medicinal history of Kerala. The origin of the word could be from the pharmacological and therapeutic traditions of Ayurveda and other folk theories of illness.

Charaka, the author of the first Classic text about Ayurveda, Charaka Samhita used the word 'unmada' to denote mental illness. (Sharma and Dash, 2008). This illustrates that the word Unmada is at least popular in the Ayurvedic medical circle since A.D. 1<sup>st</sup> century.

Another Ayurvedic text Unmadabhoothapasmasachikitsa also explains the symptoms of unmada (Kunjanpillai, 1970). This text narrates the rhetoric of Unmada, which says that Unmada is divided into eighteen. They are made up of tridosa – Vata, Pitta,

and Kapha and out of eighteen, seven are incurable (asadhya).<sup>6</sup>  
(Kunjanpillai, 1970)

In Malayalam Lexicon Kunjanpillai (1970) identified six-contextual meanings of the word unmada. He includes Ayurvedic as well as literary meaning of the word.

### **Sense 1 - Imbalance of vatha, pitta and kabha.**

The first sense holds the Ayurvedic notions of the vitiation of tridosas as a prime reason for Unmada.<sup>7</sup>

### **Sense 2 - Intense passion causing forgetfulness**

This sense represents the literary connotation of the word Unmada. Kunjanpillai (1970) analysed the classic text, Krishnagadha, Nalacharitham Attakkadha, Manipravala Shakunthalam and explain that the word Unmada also represents intense emotional states like passion and that might cause forgetfulness.<sup>8</sup> Here, Unmada is the state of forgetfulness. <sup>9</sup>

<sup>6</sup> ഉന്മാദമാവിതുഗ്രഹപീഡൈ  
വിനായകം ചാവാഗ്ദേവീം വണങ്ങിക്കെട്  
ഭാഷയായ് ഉന്മാദലക്ഷണം ചൊല്ലാം പതിനെട്ടാം  
ചുരുക്കി ഞാൻ;  
ഉത്തമ, രോഹിണി, പിന്നെ ആത്മദേവി,  
പിശാചിക, വ്യാജഗന്ധവ്വ, കൌമാരം ബ്രഹ്മബോധിക, ചഞ്ചല, ശൂനിയും  
ബ്രഹ്മരക്ഷസ്സും, മഹതീ, രാക്ഷസ പുനഃവാത  
പിത്ത കഫം കൊും മൂന്നും കൂടീട്ടുമങ്ങനെ  
ഉന്മാദം പതിനെട്ടാം ഏഴുതിലസാധ്യമായ്

<sup>7</sup> വാതം, പിത്തം, കഫം ഇവ കോവിച്ഛം  
മനോദുഃഖം ഇവയാലും ഉന്മാദം.

<sup>8</sup> ഉന്മാദം കൊച്ചു ചെയ്ത കല്മഷം ക്ഷമിക്ക നീ

(Nalacharitham Attakatha, 18th Century)

<sup>9</sup> D·mZw s]cp-~p-Wp-dipw Adth sslbv \o«n  
Xncp-{]` Xobmbvt\_mbnXp Xon t\S-a-gepw  
ap~pw aeÀs~âepw" (eo-emXn tÇmlw)  
a·-Y-s\~¶pÅ \mas~ti«-t\_mÄ

### **Sense 3 - One of the ten stages of love in separation**

This sense also explains the state of Unmada due to the separation/ loss of loved ones. Unmada may arise out of this severe loneliness. It also denotes a kind of unfulfilled sexual longing for Intimate ones.<sup>10</sup>

### **Sense 4 - Intoxication**

In different contexts unmada used as intoxication. This could be evolved from the verb root of 'matt', which means destroy (Williams, 2005). The researcher observed that the folk knowledge also supports this meaning. Toddy (kallu) is known as Bhranthan Vellum in Malabar, the northern part of Kerala. Here, Bhranthan Vellum denotes drink, which causes intoxication and madness.

### **Sense 5 - One of the five arrows of cupid**

Unmada again stands for the sexual desires and acts. It is known as one of the arrows of cupid (Kamadevan). One who is struck by the arrow would tend to become sexually stimulated. Unmada here stands for the state of such sexual stimulation.<sup>11</sup>

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D<sup>3</sup>amZw ]qqÄ \msam-gn-amÄ

(Krishna Gadha, 15<sup>th</sup> Century, cited from Kunjanpillai, 1970)

<sup>10</sup> കാമോച്ചാദാൽ കനിവൊടും ചമഞ്ഞുവൃശീനിവൃശകം  
ഭൂമിശ്വരനിൻ മരുവീടിന്റെ നാൾ വിക്രമാഖ്യേ”  
കഷ്ടം ആര്യൻ ഉന്മാദാവസ്ഥ നേരിട്ടിരിക്കുന്നു.  
അവളുടെ വിയോഗം മൂലം ഉന്മാദവും ഇഹ കിഞ്ചുക  
മൂർച്ഛയും വഹിച്ചു.

(Bhashanisadam - Translation of Sree Harshan's Sanskrit Poetry)

<sup>11</sup>: അന്നു ഭാര്യയില്ലാതായ വൃഷഭധാജനെ കിട്ടു  
പുഷ്പായുധനായ കന്ദപ്പൻ അദ്ദേഹത്തിന്റെ മേൽ  
ഉന്മാദാസ്ത്രമെയ്തു. പെട്ടെന്ന് ഉന്മാദാസ്ത്രമേറ്റതിനാൻ

## **Sense 6 - One of the thirty three minor feelings**

The sixth sense of unmade indicates one of the thirty-three minor feelings. Here it includes heightened expression of sex (Kama), sorrow (Shoka) and fear (Bhayam). A person affected by these might laugh, cry and talk irrelevantly.<sup>12</sup>

### **4.1.1.3 Word 3: Ilakkam**

The word ilakkam could be originated from Ilakuka. The word meaning of ilakkam is agitation caused by excitement, exhilaration, fear, pitty, commotion, stir, etc. (Kunjanpillai, 1970, page 403).<sup>13</sup>

Illak-k-aran one who is unsteady, fickle as wayward is also another common usage in Malayalam. The other meanings of this word are shake, shaking, movement, trembling, tremor, unsteadiness and vacillation .The researcher assumes that this word must probably related to the beliefs about demonic possession. If the demon enters into the body of a man/woman

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ശിവൻ ഉന്മത്തനായിത്തീർന്നു. (Vallathol, Vamanapuram, 1921)

<sup>12</sup> ബദ്ധപ്രലാപാദി ഉന്മാദം കാമമാഭിയാൽ  
(Akneyamahapuram, Sanskrit Translation)

**13:**ഉന്മാദം ചിത്തസമ്മോഹം കാമശോക  
ഭയാദിയാൽ, പാടിൽ ചിരിക്കും, കരയും  
പേയോതും പാടുമായതിൻ

(Sahithya Dharpanam, rhetorics cited from Kunjunpillai, 1970, p. 403)

<sup>13</sup> ബുദ്ധിയിൻ അവൻ ഒരിളക്കം വരുവാൻ  
പകം ഇത് എന്ന് അടയപ്പമതാദികൾ  
ക്ഷേണംഅനുനയമോടു കൊടുത്താൾ (Kanassa Ramayanam, 15th Century, cited  
from Kunjanpillai)

വെട്ടാത്തീടുന്ന പോൾ കൊങ്കകളിലിഴുകമ  
ക്കുകുമച്ചെങ്കളി ശ്രീമുഷ്ടം കൊടുമേച്ചേൻ  
അകതളിരിലിളക്കം വളത്തംഗഭാജം (Chandrothsawam, 15th Century cited from Kunjan pillai)

they seem to get agitated or excited (Ilakkuka). Badha Ilakkuka (possession by spirits) is very common practice in the villages of Kerala. This word could be part of this folk understanding about insanity.

#### **4.1.1.4 Word 4 - PĒ**

PĒ is another word used in Malayalam for madness. According to Gundertt (1872) PĒ is originated from the Tamil word PEY which means a demon. Gundertt cited the reference from Ramacharitham.

##### **Sense 1 -**

The word meaning of PĒ<sup>14</sup> is to make one possessed, charm a field or fruit tree.<sup>15</sup>  
(Gundertt, 1872)

##### **Sense 2 Rage**

There are different applications of PĒ in Malayalam. Krishna Gadha one of the middle age text written by the great poet Cherussery mentioned some of these application Eg. PĒ Akaluka (to give away PĒ). PĒ Irakkuka (to placed down PĒ). Cherussery also used the word PĒ Rogam which means disease. In Mrga charitam also used some of these application eg. PĒ Kudiya pamppu (an

<sup>14</sup> ശകലങ്ങൾ പരുത്തിനും പേക്കും ഊന്നാക്കി (Gundertt, 1872)

<sup>15</sup> പേയറ്റ ചേവടി പോട്കൂ നിന്നൊരു ജായ (Krishna Gadha)



irritated serpent), PĒyum pichum parayuka (Delirious) etc. (Gundertt, 1872).

### **Sense 3 - Confusion, viciousness**

It also used as an adjectives in different texts.

PĒ Kuthira (A vicious horse)

PĒ Kurangu (Devil of a monkey)

(Ramayana Sanskritanam)

PĒ mula - A poisonal breast (Mahabharatha)

PĒ patti - Mad dog

PĒ Kurukkan - A mad jackal

PĒ Kuhn - A poisonous fungus

PĒ Koothu - Devil's dance, also peyattam

PĒ Kranthan - A mad man

PĒ Kolam - A figure in devil's dress, scare-crow.

On Tamil tongue we can also find PECHI means a female fiend (Gundertt, 1872, p-667-668).

#### **4.1.1.5 Word 5 - Kirukku**

Kirukku probably originated from the word kirukkam which means dizziness, giddiness etc (Nambudiripad, 1976). The general meaning of this word is eccentricity. This word is not used to denote severe mental diseases. This was a synonym for the people who act like insane. This word indicatess traditional understanding about madness. The folk idea about madness was some

aberrations in head. This aberration may true in case of the genius also. We frequently come across with these kinds of expressions in colloquial usage of Malayalam.

#### **4.1.1.6 Word 6 - Cittabhramam**

According to Williams (2005) Citta means thinking, reflecting and imaging. This word was mentioned in ancient texts Rigveda and Atharva Vedas. Those texts used the word chitta bhrama synonymous for the heart, mind, memory, intelligence and reason (William, 2005).

Bhrama means derangement or movement (Williams, 2005). Later probably these two word together might have formed the word cittabhramam. Gupta (1977) also observed in the similar way, "By the ancient concept 'Buddhi Bhramsa' evolved unmada.

Once the Sanskrit word chittabhram is borrowed to Malayalam it could be transformed into a new form. In that transformation, 'makaram' must be added to the word cittabhrama (cittabhrama + am).

#### **4.1.1.7 Word 7 - Ūlan**

The dictionary meaning of ulan is a jackal. But Ūlan is colloquially used to indicate madman. It may have originated from 'ula' which means to howl (ulayittuka) and later receive symptomatic meaning of ulan which indicates insanity. The

extravagant nature of the insane probably attributed to the word that leads to origin of this word.

#### **4.1.1.8 Word 8 - Vattu**

This word is colloquially used to indicate mad person. The dictionary meaning of 'vattu' is a ball, round lump of metal (Gundertt, 1872). The nature of the ball is revolving and moving. The word vattu in this context is indirectly linked to the concept of 'Bhram' the verb root of Bhranth. The always moving and wandering nature of madman is asserted by the use of these words.

#### **4.1.2 Part II: Thematic Analysis of Words**

In this section, the researcher explores the concept of madness in the cultural context of Kerala through the analysis of the words and epics. Using the social constructivist paradigm, the present section identified a number of categories and developed new themes, which explain the discourse of madness in the context of Kerala. The following table indicates the categories and themes derived from the narration of words.

Table 4.1: Thematic analysis of the concept of madness: Major categories and themes emerged

	<b>Categories</b>	<b>Themes</b>
•	Wandering nature of bhranthan (madman)	Nature of madness
•	Unsteadiness and confusion	
•	Knowledge seeking nature	
•	Reason Vs. Unreason dichotomy of madness	
•	Herbal and Pharmacological tradition	Medicinal origin of the concept of madness
•	Ayurvedic theory of disease and intoxication	
•	Treatment of disease	
•	Demoniacal possession	Metaphysical correlates of madness
•	Relationship between madness and astrology	
•	The insanity from severe emotions	Madness and intense emotions
•	Loss of loved ones	
•	Sexual unfulfillment	
•	Aryanisation	Influence on the evolution of the concept of madness
•	Influence of Tamil and Sanskrit language	
•	Influence of folk understanding	

#### 4.1.2.1 Nature of madness

Understanding the nature of madness would provide information about how a society conceives madness, how they deal with it and how knowledge of madness is created in a society. The pattern of linguistic development of madness would show us how social values and priorities are constructed which further opens up the uncertainties, confusions and issues a society faced while dealing with madness.

Analyzing the words and epics related to madness reflect three major categories of the nature of madness. They are:

- Wandering existence of the mad man
- Knowledge seeking behaviour of the madman
- Reason vs. unreason dichotomy of madness

#### **4.1.2.1.1 The wandering existence of madman**

The researcher has realized that one of the major categories emerges from the words analysis and epics are that of a 'roaming' or 'wandering' nature of madman. The wandering behaviour of madman could itself be traced back to the verb root (dhatu), 'bhram'. Madman was always found to roam around, travel and wander over a place. The verb root 'bhram' and the word 'bhranthu' indicate the unsteady, flickery, and so-called 'erraneous' life of madman. The dictionary also gives the meaning of the word 'bhrama' as confusion, perplexity and mistake. (William, 2005). The researcher could say that the word madness is defined in relation to its unrealness in the context of Kerala. When someone mentions about bhranthan or bhranthi, we need to understand these concepts on the above meanings common.

Other words, which indicate madness, are Vattu, Ilakkam, Kirukku and Chittabhrama. These words share somewhat similar meaning that of 'bhranthu'. All these words represent the meaning of the State of madness as something related to dizziness, out of order, giddiness, etc. which cannot be explained through the existing reality. Even though the dictionaries are not providing an

exact meaning of the word 'Vattu' as madness, colloquially 'Vattu' represents madness. It could be assumed that revolving/ moving nature of ball (Vattu) could be attributed to the wandering nature of madness.

The wandering existence of Naranathu Bhranthan is of special relevance here. He stands as a strong representative of the madness discourse in Kerala. We need to trace why Naranathu Bhranthan is so important in the analysis of madness in Kerala. He represents extremes of knowledge in one side, he was a genius and had mystical powers and on the other side, he wandered all over the place, begged for food and slept wherever he found himself. Naranathu Bhranthan, made himself as a genius and fool at the same time by his acts. He amused people by taking big stones to the hill top and made them roll down. Through these acts, the madman of Naranathu frequently and repeatedly jumps from reason to unreason. The researcher assumes that this shift from reason to unreason makes the existing dichotomy more complex. Naranathu Bhranthan, with his queer wisdom, which is expressed through his conversation with Bhadrakaali, reflects his philosophical stand about his madness. He believed in the philosophy of nothing.

The wandering existence of the madmen is subjected to analysis by Foucault (1967) in his classic work on madness and civilization a history of insanity in the Age of Reasons. Analyzing

the customs called 'ship of fool's prevailed in Germany in 15th century, he explored the philosophical questions about the wandering existence of mad men. He has taken some of the literary composition as well as paintings, which narrate the wandering existence of madman.

*"Madmen then led an easy wandering existence. The towns drove them outside their limits; they were allowed to wander in the open countryside, when not entrusted to a group of merchants and pilgrims. The custom was especially frequent in Germany, in Nuremberg, in the first half of the fifteenth century, the presence of 63 madmen had been registered; 31 were driven away; in the fifty years that followed, there are records of 21 more obligatory departures, and these are only the madmen arrested by the Municipal authorities. Frequently, they were handed over to boatmen. In Frankfort, in 1399, seamen were instructed to ride the city of a madman who walked about the streets naked; in the first years of the 15<sup>th</sup> century, a criminal madman was expelled in the same manner from Mainz. Some times, the sailors disembarked these bothersome passengers sooner than they had promised; witness a blacksmith of Frankfort twice expelled and twice returning before being taken to Kreuznach for good. Often the cities of Europe must have seen these 'ships of fools' approaching their harbors". (Foucault, 1967, P7).*

#### **4.1.2.1.2 The knowledge of madness**

Foucault explores all the possible elucidation about this particular custom and arrives at the conclusion about the relationship between madness and power. Taking into account the navigation of the madmen, he also digs up the knowledge of madmen. According to him “Navigation delivers men to the uncertainty of fate; on water, each of us is in the hands of his own destiny; every embarkation is potentially, the last”. “Thus, we better understand the curious implication assigned to the navigation of madmen and the prestige attending it. On the one hand, we must not minimize its incontestable practical effectiveness to hand a madman over to sailors was to be permanently sure he would not be prowling beneath the city walls; it made sure that he would go far away; it made him a prisoner of his own departure. But water adds to this the dark mask of its own values; it carries off, but it does more: it purifies” (Foucault, 1967, P7).

It is possible that these ‘ships of fools’ which haunted the imagination of the entire early Renaissance, where pilgrimage boats highly symbolic cargos of madmen in search of their reason. Some went down the Rhineland Rivers toward Belgium and Gheel; others sailed up the Rhine toward the Jura and Beasancon (Foucault, 1967, P7). One might suppose it was a general means of extradition by which Municipalities sent wandering madmen out of



their own jurisdiction (Foucault, 1967, P7). One might then speculate that among them only foreigners were driven away, each city agreeing to care for those madmen among its own citizens (Foucault, 1967, P7). These madmen were housed and provided for in the city budget, and yet they were not given treatment; they were simply thrown into prison. We may suppose that in a certain important cities – senders of travel and markets – madmen had been brought in considerable numbers by merchants and mariners and lost there thus riding their native cities of their presence (Foucault, 1967, P7). Navigation delivers men to the uncertainty of fate; on water, each of us is in the hands of his own destiny; every embarkation is potentially, the last. The madmen knew too well the secrets of the common place not to have been from another, yet nearby, world. He did not come from the solid land and its solid cities, but indeed from the ceaseless unrest of the sea, from these unknown highways, which conceal so much strange knowledge, from that fantastic plane, the underside of the world. If folly leads each man into a blindness where he is lost, the madman, on the contrary, reminds each man of his truth; in a comedy where each man deceives the other and dupes himself, the madman is comedy to second degree: the deception of deception; he utters, in his simpleton's language which makes no show of reason, the words of reason that release, in the comic, the comedy: he speaks love to lovers, the truth of life to the young, the middling reality of things

to the proud, to the insolent, and to liars. Even the old feasts of fools, so popular in Flanders and Northern Europe, where theatrical events, and organized into social and moral criticism, whatever they may have contained of spontaneous religious parody (Foucault, 1967, P11). Indeed, from the fifteenth century on, the face of madness has haunted the imagination of Western man (Foucault, 1967, P12). At the opposite pole to this nature of shadows, madness fascinates because it is knowledge, first, because all these absurd figures are in reality elements of a difficult, hermetic, esoteric learning (Foucault, 1967, P1).

Madness, in Foucault's analysis of the classical period, presents itself as the failure of the mind to control, to discipline, the passions of the body; it signals the subsumption of the mind by the body "the unity of mind and body" and the "surrender" of the subject to *unreason*. Hence, later in his genealogy, Foucault claims that madness in the classical age was conceived as the negation of reason and thus was represented as having no positive content of its own; it was defined as nonbeing, as nothingness (Heiner, 2003). He argues from this point that the institutional practice of confinement "restored [madness] to its truth as nothingness. Confinement," Foucault continues, "is the practice which corresponds most exactly to madness experienced as unreason, that is, as empty negativity of reason; by confinement, madness is acknowledged to be *nothing*". Foucault's genealogy shows how the

institutions of classical reason dissipated the positivity of madness first through the discourse of unreason a discourse that produced an experience of madness as the empty negativity of reason and then through the corresponding visible practice of confinement—a practice that restored madness to its “truth” as nothingness. Through this Foucault reveals that there is nothing prior to or behind the knowledge of madness, that knowledge is nothing more or less than an assemblage of discursive and nondiscursive practices. Whereas the discourses of classical reason produced madness as the negativity of reason, Foucault’s discourses produce knowledge of reason as a process of articulations, visible practices, and desires. As Foucault maintains, “Madness begins where the relation of man to truth is disturbed and darkened” (Foucault, 1967).

Thus, the researcher says that the meaning & nature of madness in the context of Kerala is tied up with the concepts of reason – unreason, wandering existence and genius – madness controversy. Questioning the traditional inquiry of truth, the madman finds his space as an independent being in the cultural history of Kerala.

#### **4.1.2.2 Medicinal origin of the concept of madness**

The history of Ayurveda in Kerala is seemed to be a mixture of the classic Ayurveda and the indigenous healing traditions.

Analysis of the Malayalam words related to madness has given insight to the researcher that the conceptual evolution of madness is closely linked with the Ayurvedic theory of health and illness. There can be two possibilities for this influence. First, the word 'Unmada' from Ayurvedic textbooks might have come to Malayalam through the mixing up of Malayalam with Sanskrit. This mixing up provided a new meaning to madness, which marked a clear medical origin. The second possibility is that the existing folk understanding provides a meaning to madness based on their healing traditions for treating mental illness.

The influence of classic Ayurvedic principles conceptualized madness in a much more organized and established manner. It would have of course interacted and synthesized with the prevailing unstructured notions about madness and its management. This knowledge constructed a meaning about madness based on its strong physiological theory of tridosa. The process of Sanskritisation of Malayalam reconstructed the word 'madness' in medical language. This medical language brought new terminologies and different causalities to explain the mystery of madness. Even though many of these concepts have evolved from different parts of India, it could achieve a successful co-existence with the folk notions of madness in Kerala. For instance, as noted before, the origin of certain words related to madness could be from the medical usage of some particular herbs viz., Ummathin

Kaya (a herb) is used as an ingredient for the medicine for madness. The word Ummath (means madness) could be related to the word, Ummathin Kaya. A similar reference is given by Dash & Kashyapa (1980) about dhattura which comes under the group of drugs for alleviation of Vayu<sup>16</sup>.

Intoxication also has a similar meaning of unbalanced or destroyed state of the body. While analyzing early documents of causes of insanity, intoxication has been found to be one of the important causes of madness. This reveals the fact that intoxication and madness have a close connection with each other.

#### **4.1.2.3 Metaphysical correlates of madness**

Till 8<sup>th</sup> century A.D. Malayalam was not an independent language. It sounds like a unique Tamil language, which has its own peculiar local characteristics. Some of the Malayalam words related to madness were originated from Tamil. PE is one among them, which has its origin from the Medieval Tamil. This means badha. The possession by spirits was one of the common understandings of madness in Kerala. Casting out of evil spirits and exorcism gained a prominent place in the folk healing practices in Kerala during that time. The possession of spirits was not only limited to human beings; animals were of no exception. The words like Pekkuthira (vicious horse), Pekkurangu (devil of a monkey),

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<sup>16</sup> Vayu is the predominant dosa responsible for mental illness. The vitiation of Vayu could otherwise vitiate Pitta and Kapha. Dhattura is a synonym for Ummath

Peppatti (mad dog), and Pekurukkan (mad jackal) shows that the word Pe represents one of the popular collochial usages of madness. In northern part of Kerala, the ritual 'Pena Kodukkuka' was prevalent as a form of management of possession.

A person might be possessed because of different reasons. Sudhir Kakar (1982) mentioned that madness is said to be due to possession by the gods, ancestral spirits and various heavenly and demonic beings. This is true in the context of Kerala when spirit possession and its treatment through magical means and exorcism rituals have a religious and philosophical basis as well (Kakar, 1982).

The word 'lunatic' in English also gives the same meaning that of Pe. The word 'lunatic' is originated from Latin word, luna-moon. The lunatic cycle depends on the change of the moon. (Oxford Dictionary, 1970). In Kerala, astrology was one of the strong disciplines evolved in the earliest history of Kerala itself. Many of the astrology textbooks are the contributions of Keralites. The contributions of astrologers were significant in the diagnosis of the right cause of demoniac possession based on their astrological calculations.

So in that sense, the metaphysical elements in understanding and treating mental illness played a significant role in the context of Kerala. Indigenous healing practices in Kerala dwell upon this

metaphysical correlates in dealing with mental illness. Some of these aspects will be discussed in the next chapter.

#### **4.1.2.4 Madness and intense emotions**

Apart from the medical and folk knowledge about madness, there is also a literary connotation for madness. This literary meaning has been depicted in various classic texts in Malayalam and Sanskrit. As I noted before, Krishnagadha, Manipravala Shakunthalam, Kannasa Ramayanam, Nalacharitham Aattakkatha are examples for this. Analyzing some of the contents which denote madness in these texts, the researcher found that they are expressions of the unique and intense formation of emotions.

One of the dominant categories in the literary meaning is the sexual desires and its various manifestations. The citations were given in the above section of the word 'Unmadam'. Kunjanpillai (1970) analyzed intense passion causing forgetfulness, one of the ten stages of love in separation and one of the thirty-three minor feelings. This explanation reveals that 'Unmada' also had a meaning apart from its medical language. It needs to be traced and studied to understand how does the construction of madness is linked to the emotional life of a common man.

#### **4.1.2.5 Influence on the evolution of the concept of madness**

It is evident from the researches that the period of 8<sup>th</sup> and 9<sup>th</sup> century is very important in the cultural and political history of

Kerala. These centuries witnessed for some transformation in Kerala. According to historians two important swings happened in this period: 1) Aryanisation reached its climax and 2) Malayalam becomes more influenced by Sanskrit than Tamil.

#### **4.1.2.5.1 Aryanisation reached its climax:**

According to Menon (2007), the people of ancient Kerala followed Dravidian practices, which were not based on any particular religious philosophy. Their way of life was an incongruous mixture of primitive rites and practices. The people worshipped totem gods and innumerable spirits inhabiting rivers, trees, hills etc. They had also many local deities guarding the borders of their village and demons that caused diseases (Menon, 2007). The 8<sup>th</sup> century is very important in the cultural and political history of Kerala. According to Menon(2007) In the 8<sup>th</sup> century A.D., the Aryanisation of Kerala reached its climax with a major batch of Brahmin immigrants coming here and strengthening the already existing forces of Brahmanism. According to tradition, six eminent Brahmin scholars also came along with the immigrants, met the Buddhists in argument, completely defeated them and established the supremacy of Vedic faith. They founded a school for the propagation of Vedic studies in the land and enlisted a number of disciples of whom the most illustrious was Prabhakara, the great Mimamsaka. Prabhakara is said to have eventually become the head of the school founded by the Bhattas. He came to be called



Guru and his system of philosophy Gurumata. The Aryan influence increased considerably in the 9<sup>th</sup> century as is evidenced by the work of Shankaracharya and other Hindu reformers. .

Logan has expressed the view that the Vedic Brahmins proper must have come to Malabar only in the early years of the 8th century A.D. and that they must have come by way of the coast from the Tulu country. According to him, they did not migrate to the South in 605 A.D., although during the period, there was a large influx of Brahmin immigrants into Kerala through the South Canara region (Logan, 1887).

It is not correct to say that Brahmins had not migrated into Kerala during the period prior to the 8<sup>th</sup> century A.D. The consensus of opinion among scholars is that the process of Aryanisation of the Deccan and South India began about 1000 B.C. and it reached a decisive stage by the time of Katyayana (4<sup>th</sup> century B.C.), the grammarian who mentions the kingdom of the south (Menon, 2007).

It seems that the first batch of Brahmin immigrants came to Kerala in the 3<sup>rd</sup> century B.C. itself immediately following the advent of the Jains and the Buddhists (Menon, 2007). With the predominance of the Brahmins, elements in public life far reaching changes took place in all spheres of human activity even from the later Sangam age. Bishop Caldwell has made the following

comment on the tactics employed by the Aryan immigrants in spreading their ideas among the people. “The Aryan immigrants to the south appeared to have been generally Brahminical priests and instructors rather than Kshatriya soldiers, and the kings of Pandyas, Cholas, Kalingas, and other Dravidians appeared to have been simply Dravidian chieftains, whom their Brahminical preceptors and spiritual directors dignified with Aryan titles and taught to imitate and emulate the grandeur and the cultivated tastes of the solar, lunar, and Agni – Kula races of kings (Menon, 2007).

The increased influx of the Aryans in the 8<sup>th</sup> century A.D. had its impact in the religious and cultural fields as well.

The new Aryan missionaries all their attention to propaganda against Buddhism and Jainism whose hold on the people was a main stumbling block to the success of their ideology and before long these religions lost their following among the people. The Brahmin immigrants also established Hindu temples on a large scale with a view to popularizing the Hindu religion. Several temple arts and festivals were also instituted with the same motive.

Based on this historical observation there is a possibility to say that the story of the vararuchi is a story of Brahmin invasion into the land of Kerala .The journey of the sage is the journey of the Brahmins to conquer the south through their intelligence and the administrative capacities.

#### **4.1.2.5.2 Malayalam becomes more influenced by Sanskrit than Tamil:**

The King Kulashekara Varma bid many Sanskrit scholars to Kerala and encourage them to write poetry in Sanskrit. Kulashekaravarma himself initiate writing poems and a drama in Sanskrit. He has written a few dramas and poetry in Sanskrit. (Nambuduri, 2002). The political and cultural mix of Aryan, Dravida race then leads to a new language of Malayalam (Namdudiri, 2002). Gradually Malayalam evolved as an independent language but it is evident from the history that the influence of Sanskrit on Malayalam is very high.

This section summarizes the concept of madness by reviewing the Malayalam words of madness. The researcher's thematic analysis on the concepts led to the development of certain categories and finally some themes. The nature of madness has a complex existence in the context of Kerala. It has been found to be the mixture of medical/ Ayurvedic and indigenous tradition of mental illness. It has also reflected the metaphysical realm in dealing with madness. Beyond these medical and metaphysical explanations, madness is also expressed as the vibrant and intense emotional experience of people. Analyzing the sociopolitical history of Kerala, it was evident that the evolution of the word 'madness' progresses across various sociopolitical events. In that sense, the concept of madness is not just a representation of images; instead it is the process of how the meaning of madness is constructed in the particular sociopolitical context of Kerala.

## **SECTION II**

### **4.2 Madness: Indigenous Healing Traditions in Kerala**

*“The moment when, together, the work of art and madness are born and fulfilled is the beginning of the time when the world finds itself arraigned by that work of art and responsible before it for what it is” (Foucault, 1967).*

Kerala’s tradition of conceptualizing and dealing with mental illness is jumbled with religion, beliefs, myths, magic and medicine. The word indigenous means ‘native’ or ‘from within’. Revived interest in ethnographic studies indicates the necessity to look into one’s own culture and interpret and reinterpret its symbols, images and meaning

Kerala has a variety of healing traditions with surprising diversity and an equally impressive strength of practitioners spread across different religious and geographical space. These healing practices are unique to the concerned geographical area and the traditions are determined by the cultural values and their evolution over ages. Kakar (1982) who looked into the healing traditions in India observed that healing in its manifold aspects is a central cultural preoccupation.

According to Oxford’s Dictionary, healing defines ‘to restore (a person, etc.) from some evil conditions or affection (from sin,

grief, disrepair, unwholesomeness, damage, destruction), to save, purify, cleanse, repair and mend (Oxford Dictionary, 1970)

Bhugra (1997) observed that Medical care literature seldom mentions traditional or indigenous medical practitioners who may be living in rural or urban areas and may often be the first to be consulted. Practitioners of traditional medicine treat their patients using several approaches. Kakar (1982) has reported that 90% of the times that people experience illness symptoms they rely entirely on home remedies or other forms of self-treatment. This is not unique to developing countries; similar figures have been reported from the United States (Bhugra 1997). There is no doubt that class differences account for help-seeking pathways into care, as well as explanatory models of illness. In the survey by Kakar (1988), higher caste people showed greater recognition of "natural" causes of illness, while lower castes believed more in witchcraft and other spiritual concepts. (Bhugra, 1997)

Mohan (1972) has reported from a study in north India that 84% of cases being seen in psychiatric institutions had been to a local temple prior to their attendance. Madan (1969), in another study from north India, has concluded that although 80% of his sample preferred allopathic treatment, 66% had used multiple forms of treatment. Rajaram (1976), in a study from south India, has observed that psychiatric consultation was sought only after

outside management (including religious and faith-healing) (Bhurgra, 1997).

A survey was carried out over a 3-month period to determine experiences of religious healing in a group of 198 consecutive psychiatric patients attending a hospital in Tamil Nadu, South India. Of these, 89 (45%) had sought between 1 and 15 sessions from either Hindu, Muslim or Christian healers. The number of patients visiting healers was linked significantly with their income, while a significantly higher number under the age of 17 years had received such help compared with older age groups. A significantly higher consultation rate was observed in those patients with schizophrenia and delusional disorders when compared with other mental illnesses. An average of 30% of patients claimed some benefit from healer consultation, although the majority (91%) had discontinued such treatment at the time of their hospital attendance. The role of social support, methods of traditional healing and the underlying implications for service delivery are discussed. The implications for service providers to ethnic minorities need to be taken into account while planning services. (Bhugra 1997).

Science and scientific rationality has always been critical about the indigenous healing traditions. It termed indigenous healing practices as 'unscientific', 'primitive' and 'irrational'. But recently, the ethnographers and cultural theorists attempted to

read the indigenous healing traditions placing them in their rich cultural space. This approach provided a deeper understanding of the local knowledge about various cultural elements embedded in people's psyche. Considering the history of mental health in Kerala, we can find the power struggle between the indigenous healing system and the westernized psychiatric practices. In 19<sup>th</sup> century, Kerala witnessed this struggle of accommodating the modern psychiatric concepts and treatment in the mental health scenario. Looking at the present mental health scenario in Kerala, one could find that the dominant treatment procedures pursued are adopted from western psychiatry. Notwithstanding the dominance of the Western system, the indigenous healing practices continued to be practiced in its various forms by a large segment of the society. This stands to show the strong cultural roots of indigenous healing knowledge in the psyche of the people in Kerala. It also reveals that any foreign healing system, which is evolved outside a particular cultural frame, would not be sufficient to address the mental health issues of the natives of that culture.

Since the traditional mental healing practices do not keep a prescribed form or a specified uniform system, they have left not much of artefacts or historical evidences so as to recreate the real ethnic healing practices in their traditional form. So, one has to go to the remains of the traditional system as it is practiced today, in order to have an understanding of the roots of the system. The

approach of the present study is to begin with the present state of traditional practices to explore the roots of ethnic knowledge on mental health and healing.

#### **4.2.1 Description of the indigenous healing practices in Kerala**

In the initial phase of the study, the researcher consulted various historical textbooks, historians, folklorists and traditional mental health practitioners. Based on the information collected from them the researcher travelled all over Kerala and identified various centers for mental illness treatment. Through this process, the researcher realized that there are different forms of indigenous healing traditions prevailing in Kerala. The diversity of healing tradition in Kerala includes *manthravadis*<sup>1</sup> of the Hindu religion and *thangals*<sup>2</sup> of Muslim tradition. *Manthravadis* were again divided into Brahminic and non-Brahminic traditions. There are palmists and astrologers who support the mental illness treatment here. In some religious centers the management of the insane is practiced just like any other religious ritual. The team of priests in such centers like *Veliccappatu*, *Pujari*<sup>3</sup> etc., plays a major role in this process. Caldwell (1999) observed that *Veliccappatu* reflects the shamanic

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<sup>1</sup> The meaning of Manthravadi in English is sorcerer. But the term manthravadi in Kerala is more lauded and mean lot more than sorcerer in the western context. So, in this present study the researcher prefers to use the term Manthravadi instead of sorcerer.

<sup>2</sup> Thangals are believed to be the descendents of Prophet Mohammed and enjoy great respect in Kerala.

<sup>3</sup> Velichappad represents the deity of a temple and acts as a mediator between the devotees and the deity. The velichappad often dictates scolds and console the believers in place of the deity. Poojari is the priest of the temple.



heritage of ancient South Indian religion, in which enacted and felt bodily presence of the deity is the essential form of contact with the divine.

Another, mystical spiritual tradition of Indian antiquity lies in rich art forms. In Kerala, there are different ritualistic art forms, which act as one of the preventive mechanisms of madness.

Looking into the diverse and rich tradition of indigenous healing practices in Kerala, the researcher recognized that greater part of the management mechanisms existed in Kerala is rooted in community based practices. There was a clear community involvement in the management of madness irrespective of the diverse nature of these practices. It has been observed by the researcher that any engagement with the management of madness has been shared in the large context of community. Even though, the so-called community link of traditional practices seemed to be gradually dissolving in the changing society, the glimpses of such community values and ideals could still be seen in the indigenous mental health practices in Kerala.

The researcher has approached the diverse healing practices for mental illness based on the nature of community involvement. In order to set a sampling frame the researcher has classified the major forms of healing practices into three (1) Family based practices, (2) Religious centers based practices, (3) Ritual art

forms. This classification evolved from the idea that indigenous healing practices for mental illness does not possess a unitary form, but it is diverse and sometime overlapped with each other.

The next section narrates and analyses the present state of the healing practices based on the facts obtained through one to one interviews with practitioners, folklorists, historians and lay people. The interviews have helped the researcher to delve in to the intricacies of the native system of healing.

#### **4.2.1.1 Family based practices**

The family based traditional practice was mixed with *manthravada* and medicine. Manthravada as a traditional method of healing has many components that are connected to the culture, religion, belief system, social values and rituals, making it a system unto itself, closely linked with the life of the society as a whole. The healing system of Manthravada, as it is practiced and perceived, is not detached from the life of the society, making it a closely knit to the entire fabric of societal existence. So, it needs no special mention that the classification, the causes, the diagnosis and treatment of mental illness as they are perceived in the Manthravada tradition falls well with in the same frame work of culture, beliefs and value system of the society.

According to *Keralolpathy*<sup>4</sup>, after the reclamation of Kerala from the sea and the colonization of it by the Nambudiri Brahmins of the 64 grammas, the hero-saint Parasu Rama assigned professions to his colonists. He said to have chosen 12 families of Nambudiri Brahmins to practice *manthravadam*. Six of these were constructed in Dus-Mantrams or mantrams designed to ward off the incursions of evil spirits through the mountains of the ghants, while the remaining six were taught sat-mantrams, to win over the beneficent water-spirits coming from the seaside.

According to the Parasu Rama episode, the *manthravada* profession is hereditary in the families. The most popular *manthravada* families are *Kalakadu*, *Kattumadam* and *Kallur*. These three families, two are in Malabar and the other in the native state of Cochin (Menon, 1986).

Besides these, there are other Nambudiries who study and practice magic such as punchaman potti and Talaman potti in Travancore. In south Malabar, there is a class of Nambudiries known as Chela Nambudiries, who are descendants of those who are forcibly converted to Mohamadanism during the turbulent period of Tippu's invasion, but who returned to their religion almost

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<sup>44</sup>. *Keralolpatti*: in Malayalam and *Keralamahatmyam* in Sanskrit, works of unknown authorship, which were probably composed in the seventeenth and Eighteenth centuries respectively. (Menon, 1911). In *Kerala Mahatamyam* and the *Keralolpatti* (Kerala - ulpatti = Origin of Kerala), the former written in indifferent Sanskrit and the latter in modern Malayalam, contains the traditions current among the people regarding the ancient history of the state.

at once. Notwithstanding this, some stigma still attaches to them, and they are looked down as low caste and are tabooed from pure Nambudiri Society (Menon, 1986). Apart from these Nambudiri family, non brahmins are also practicing Mantravadam for healing mentally ill people. The Malaya, Paraya, Velan and Vannan communities are well known in their manthravada practice. Among Muslims 'thangals' are also popular for their healing practice. The researcher observed that there are different traditions of family based practices for mental illness. They are primarily classified as Brahminical tradition, Non-brahminical tradition and Muslim tradition. Narayanan (2006) talks about a 5<sup>th</sup> century A.D. classic book *Vanaprasadam*, which says about a peculiar method of manthravada known as sambradayi. Sambradayi method of manthravada is practised by six Brahmin families in Kerala. They are Kallur, Kattumadam, Aayancheri, Aniancheri, Pulayancheri and Kalakadu. Out of these families, Kalakadu and Kattumadam are in Malabar and Kallur is in the native state of Cochin. (Menon, 1986), Narayanan (2006) further says that manthravada is given to these families as 'Kulathozhil' (hereditary occupation) by Parasurama. Anyway, Brahmins started practising manthravada which was believed to be followed only by the people of low caste till then.

The researcher did field study in the families of *Kattumadam* and *Kalakadu*. He interviewed the practitioners over there and reviewed the write-ups about these centers.

*Poonkudil Mana*<sup>5</sup>, Manjeri is another family based center where the treatment of mental illness is done for years. The treatment practices followed in Poonkudil Mana are also included in this section.

Another family based center is *Keekkottoor*, which is two kilometers away from Chavakkadu, Trissur district. This is a center run by Muslim thangals who conduct treatment for mental illness traditionally.

#### **4.2.1.1.1 Thematic analysis on madness: Indigenous healing traditions in Kerala**

To approach the second objective which states that to study the status of indigenous healing practices for managing mental illness in Kerala, the researcher has done a thematic analysis based on the data derived from the interviews, review of literature and observations. Categories were first developed from raw data, which further grouped under major themes. The following table mentions the result of thematic analysis.

Table 4.2: Thematic analysis of family based practices: Major themes and categories emerged

	<b>Categories</b>	<b>Themes</b>
•	The prehistoric origin	Origin of Manthravada treatment
•	Aryanisation	
•	Brahminic tradition	Different traditions

<sup>5</sup> Mana is the home of a Brahmin family.

•	Non brahminic tradition	
•	Muslim tradition	
•	Medical treatment	Types of treatment
•	Mixture of medical and metaphysical treatment	
•	Community based	
•	Asylum centered	
•	Family conflict	
•	Mild mental disorders	Types of disorders/ problems treated
•	Epilepsy	
•	The role of astrologers	Process of treatment
•	Manthravadis	
•	The role of vaidya	
•	Kali	Deities worshipped in the treatment process
•	Kuttichathan	
•	Possessed by demon	Causes of madness
•	Social cause	
•	Moral cause	
•	Biological cause	

In the next section, each of these themes and categories would be analyzed supported with reviews, data from interviews and related studies.

#### **4.2.1.1.1.1 Mantravada Treatment for madness: its origin**

Kattumadam Narayan (2006) in his work on ‘Manthravadam Keralathil’ pointed out that the manthravada practice in Kerala originated from Non - Aryan communities. He observed,

*"Manthravadam* originated from the Aborigines. The name of deities proved the fact that it is originated out of four varnas (Chathurvarnyas). The name of the deities like *Chathan*, *Chundalayandi*, *Chamundhi*, *Neeli* etc are still present in the worship of Nayadi tribals. The astrologers Sanskritised the tribal deity '*Pilla marutha*' into *Balapradshkini*, *Ummamachattan* into Unmadha Bhiravan and Chooramutha into Raktha Rakshas. The nonbrahminic communities like Nayadi, Parayar, Panar; Pulayars used these deities for practicing hard manthravadam like Odi, Maranam and Mattu.<sup>6</sup>

The Aryanisation of Kerala was a slow but a steady process, which was effected in a subtle manner not by the force of arms but by the arts of peace. It ended in the final submission of the local Dravidian races to the superior intelligence and administrative skills of the Brahmins from the North. The question of aryanisation and its impact on social life is a much-discussed one.

The increased influx of the Aryans in the 8<sup>th</sup> century AD had its impact in the religious and cultural fields as well. The Aryan missionaries devoted all their attention to propaganda against the Buddhism and Jainism whose hold on the people was the main stumbling block to the success of their ideology and before long these religions lost their following among the people (Menon, 1967).

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<sup>6</sup> Odi, maranam and mattu: Different mantravada techniques followed by nonbrahmanic sorcerers

The worship of Hindu Gods and Goddesses like Vishnu, Siva etc. was made popular by the savants of the *Bhakti* cult. Non-Aryan deities and practices were also accommodated within the Hindu fold. The Dravidian Goddess *Kottavai* was accepted in the form of *Durga*, *Kali* and *Bhagavathi* and absorbed into the Hindu pantheon. The popular non-Aryan deity *Sastha* came to be looked upon as *Hari Haraputra* i.e., the son of *Vishnu (Hari)* and *Siva (Hara)* in order to make him acceptable but also converts to Hinduism from within the Buddhist fold. The Hindu religion in Kerala was before long moulded by a synthesis of Aryan ideas from the north and Dravidian ideas from south. Thus the absorption of the Dravidian within the fold of Hinduism was effected by the incoming Aryans by a gradual process of social assimilation and cultural synthesis rather than by military conquest. This victory of the Aryans was in the ultimate analysis an ideological one (Menon, 1967, p.92).

The impact of Aryanisation reflected in mantravada treatment in Kerala too. Before Aryanisation *mathravada* treatment was not much organized one. It was part of the social life. Different non-Brahmin communities were practiced manthravada as their Kulathozhil(hereditary vocation). Their concepts about mental illness and its remedy were different from the well-organized practice of Brahmins. Many scholars argued that the mantravada treatment for mental illness was originated



from tribal communities and later accommodated in Brahmin tradition.

Kattumadam Anil (Brahmin sorcerer)

“My family title is *Thirumuzhikkulathu Changaran Kandan*.

It seems there is a connection between my family and tribal communities because the name ‘Changaran Kandan’ is not very common in Brahmin community”.

Analyzing the family name of two famous Brahmin manthravada families like *Kaulakadu* and *Kattumadam*, we can find a link between *Kadu* (Forest) and *Kadar* (tribals). From this similarity it can be hypothesised that these families might have come from the same tradition of nonvedic manthravada practice and in the course of time they may have reached an independent Brahman identity.(Narayanan, 2006)

This nonvedic tradition might have contributed to the evolution of a different version of Ayurvedic treatment in Kerala. According Dr. Sundharan the present head of Ayurvedic mental hospital, Kottakkal said “The root of knowledge in India could be classified in to two (1)Vaidic (Sanskrit tradition). Non Vaidic traditions (Prukrutic tradition). The Vedic tradition is more dominant in the Ayurveda practice. Because of their relationship with the state, the Brahmins used their power to dominate non-

vedic tradition of Ayurveda and promote their unique pattern of treatment."

Kerala has a rich tradition of *manthravada* for managing mental illness. Analyzing the indigenous traditions, *manthravada* is found to be one of the chief remedies for treating mental aberrations. In contrast with the understanding of the so-called science, Manthravada has a well-formulated theory and its organized systems of practice. This treatment is closely tied up with people's beliefs, lives and culture.

As far as the social context of madness is taken into account, analysis of *Manthravada* offers the researcher a comprehensive picture about the cultural knowledge of madness.

#### **4.2.1.1.1.2\_Different traditions in Manthravada**

Manthravada treatment for madness has an interesting history of Brahminic, Non-brahminic, Muslim and Christian traditions. As I noted before, there are different Brahmin families who practices manthravada is Kerala. Among these *Kalakadu*, *Kattumadam* and *Kallur* are the most popular. Some of the old texts like *Vanaprasadam* support the same. (Narayanan, 2006)

Analyzing the history of these families, it has been found that there is no proper documentation done about the origin of such practices in those families. Interview with practitioners, family

members, historians, lay people and available historical documents give some insights into the historical sketch of those families.

### **Kattumadam family**

*Kattumadam* family is based in *Perumpadappu Panchayathu of Malappuram district*, Kerala. The *Kattumadam* family has also been branched out and settled in Valanchery. Narayanan (2006) observes that the *Vanaprasadam* written in 6<sup>th</sup> or 7<sup>th</sup> century A.D., has references about the Tantric traditions of *manthravada* practiced in *Kattumadam* family. This shows that the practice of *manthravada* in *Kattumadam* family started around 6<sup>th</sup> or 7<sup>th</sup> century A.D. Narayanan (2006) also noted that the *Kattumadam* family was initially settled in *Pallikkunnu* near to *Kannur*, Kerala and later migrated to *Perumpadappu* and *Valanchery, Malappuram*. The scholars are not sure about the reason of this migration. Narayanan (2006) further points out that there are different versions about this migration. One group of scholars believes that the *Kattumadam* family has migrated from northern part of Kerala to South because of the invasion of Tipu Sultan to the northern region of Kerala. Others believe that when *Samoothiri* conquered *Kolathiri*<sup>7</sup>, the Namboodiri's might have migrated to the Southern Part of Malabar. Narayanan (2006) concludes that migration might have happened at the end of 14<sup>th</sup> century or in the beginning of 15<sup>th</sup> century.

### **Kalakaadu family**

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<sup>7</sup> Kings of Malabar

There are little written documents to understand the history of Kalakaadu family. But one could observe the references to the family and its *Manthravada* tradition in *Thottam pattu* (the folk song sung before the Theyyam performance). Especially the *Kuttichathan Theyyam*<sup>8</sup> narrates the story of *Kalakadu family* (Vishnunamboodiri, 2005).

According to Kurupu (1973) *Theyyam* is as old as Sangha period but the theyyam pattu might have added to this performance in the 9<sup>th</sup> or 10<sup>th</sup> century. Unni, one of the practitioners in Kakakaadu family, notes, “*We also have a history of migration. Before 300-400 years approximately, our family came to this place which was a deep forest then*”. but he was not sure about the reason for this migration. Kalakaadu family is now situated 10 Kilometers away from Payyannur in Kannur district.

### **Kallur family**

Many references can be found about Kallur Namboodiris and their mantravada practices in epics and folk stories. Madhavan Namboodiri, (1995) has noted a story relating Kallur Namboodiri and old *Bhagavathi* temple in *Pazhayannur*. There are so many other stories spread in old Cochin State about Kallur Namboodiris and their proficiency in practicing manthravada. Kallur family is located near Ollur approximately 5 Kilometers away from Thrissur in

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<sup>8</sup> കാള കാടോ ദൈവമേ കാട്ടുമാടം, കടുകുപ്പോയ് കാളകാട്ടില്ലാ പൂക്ക് അച്ഛനാകിലോ ദൈവമേ കാളകാട്ടച്ഛൻ, അമ്മയാകിലോ ദൈവമേ പൂത്തില്ലാഴക്.

Kerala. Two families of *Kallur* lineage have settled down in *Tripunithara* near Cochin and *Kottakkal* in *Malappuram* district and are practicing *manthravada*.

*Kattumadom*, *Kalakaadu* and *Kallur* families are considered traditionally as the most powerful *manthravada* practitioners. They also come under the Tantric tradition of priests. They followed a 'Sambradayic' tradition of *manthravada*, which is different from the non-Brahminic tradition of *manthravada*. They usually use the so-called Satvic practice of *manthravada* which avoids the practice of sacrificing animals, secret contrivance (*Koodothram*) etc.

### **Poonkudil Mana**

P.N. Namboodiri, the chief practitioner of Poonkudil Mana, quoting his great grand father said that the tradition of treatment can be traced back to at least six generations of the family. The family is distinct in its practice compared to the other traditions as they give more emphasis on Ayurveda-based medicinal practices.

### **Non-Brahminic tradition**

Apart from the Namboodiri's tradition of *manthravada*, non-brahmins also practise *manthravada* for healing madness. Malaya Pulaya, Velan and Vannan communities are well known in their *manthravada* practise. These communities are not only well known in their ritualistic tradition of managing mental problems, but they are also well versed in ethnic medicine. Majority of these

practitioners belongs to tribal and Dalit communities (Kurup, 1973). Their practise of manthravada is different from the *Satvic* tradition of Namboodiri's. They use different components like animal sacrifice and other powerful medium to ward off evil spirits from possessed bodies.

### **Muslim tradition**

*Thangals*, The muslim priests, are very popular in their healing practise for dealing with madness. The cultural and geographical peculiarity of Kerala provides a space for Muslims to establish their religion and practise in Kerala. The famous historian M.G.S. Narayanan says, "Arabia is just four days away from Kerala by sea. easy access to Arabia and well chartered sea routes made the interaction with Arabia an easy affair for Keralites when compared to any other state of India. The frequent monsoon also helped these relations to strengthen".

Even though the majority of the transaction between Keralites and Arabians was mainly for commerce, it also provided a ground for sharing their knowledge and expertise in medical system. The researcher assumes that healing for mental illness is also one among them. According to religious beliefs, *thangals* are considered as the descendents of Prophet Mohammed.

*Keekkotoor* family of *Chavakkad* is a family practicing this muslim tradition. Sakhaph: Syed Ahmed Aattakkoya Thangal was

the initiator of the healing in the centre in Chavakkadu. He came from Yaman to propagate Islam religion. He settled first in Mampuram, near Manjeri and then migrated to Chavakkadu as part of his religious teachings. He was well versed in the treatment called 'Irham' (the prayer based treatment). Like many other Muslim healing centres, this place also follow a *jaram*<sup>9</sup> centred treatment.

According to Hydros Koya Thangal, a healer over there, *"This centre was donated by one brahmin who was cured by Sakhaph Syed Ahmed Aattakkoya Thangal. We are not allowed to sell this property to anybody else. We are supposed to continue the treatment here and help the community"*.

There are many other Thangal families who provide treatment for people affected by mental disturbances in Kerala, especially in Malabar region.

#### **4.2.1.1.1.3 Types of treatment**

In the family-based indigenous healing practices existed in Kerala can be divided in to three streams: (1) Some centers use medicines for curing madness, (2) Some other follow *manthravada* and other metaphysical mechanisms for treatment and (3) few centers effectively mixed medicine and metaphysical elements for the management of madness. These three different mechanisms

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<sup>9</sup> Jaram is a sacred tomb of Muslim saints and mystics

sometimes do overlap. Through the fieldwork, researcher observed that many of the *manthravada* families too follow medicines for treating mental illness.

An interview with Unni, Practitioner in Kalakadu Mana makes it clearer. “Various types of medicines were prepared at home for treating illness. Preparation of these medicines is very difficult as finding ingredients for the medicine is very time consuming. Kalakadu Mana was very popular for a particular medicine for treating Epilepsy. Around 25 ingredients are required for making it. Now we have stopped preparing it because of the non-availability of the ingredients: Now we prescribe the medicine and the patients can buy it from the shop. (My ancestors were good in preparing medicines too)”.

Kattumadam Narayanan also pointed out some of his ancestors are good in medicinal treatment for mental illness. He observed that in period AD 1400-500 there was a famous mantravadi who is well versed in medicinal practice too. (Narayanan, 2006)

Ayurveda and the other indigenous healing methods are immensely mixed in the context of Kerala. Some of the Ayurveda treatment methods are unique in Kerala which are not followed in the classic Ayurveda tradition. The Ayurveda text, which originated



in Kerala are Sahasra Yogam, Dharakalpam, Vaidya Manorama, Yogamrutham, Sarvaroga Chikitsarathnam etc. are popular in Ayurvedic treatment in Kerala.

There are two different traditions in Kerala Ayurveda (1) Brahminic tradition (Vedic Tradition)(2) Non Brahminical (Non Vedic Tradition). The tradition of '*Ashtavaidya*' was very popular in Kerala. The concept of *Ashtavaidya* came from a Brahminical tradition. *Ashtavaidyas* mean those who learned *Vaidyam* (medicine) from the text of *Ashtangahrudya*. All *Ashtavaidyas* were the upper class Brahmins.

Poonkudil Mana, follows a healing tradition based on the Ayurvedic principles of mental aberrations. Even though, the prime focus of their treatment is based on the Ayurvedic conceptuality, they also include some prayer elements in the process.

Researcher: *Why do you use prayers and medicine together?*

P.N. Namboodiri: *One of the important elements of the treatment is faith. Without faith treatment will not be effective. Treatment is nothing but understanding the coolness and frustrations of the mind. A prayer mixed treatment would help us to understand and deal with this dynamic process of mind effectively.*

During my first visit to this center in 2002, they had an inpatient section of treatment. Violent patients were chained in the

room. In 2005 they have shut down this inpatient section. During my third visit to the center I asked about it.

Researcher: *Why did you shut down the inpatient center?*

P. N. Namboodiri: *The process of treatment is a collaborative responsibility. Society also has an important role to play in this process. In earlier days the villagers were also involved (neighbours of the center) in this process. As part of my treatment I used to send patients to buy things from near by shops. It usually helped them to improve their skills. Sometimes, these people try to escape from the center. Those days if the villagers see them running away they used to bring them back to the center. Nowadays people are not ready to take up the responsibility to help our patients. Once, my neighbours earned lot of money by working in Gulf countries, they felt that 'Namboorichan'<sup>10</sup> is beating and torturing the patients'.*

They used the traditional Ayurvedic practise for mental illness. All the family members were involved in the treatment process in one or the other way. The chief physician is the elder person in the family, other brothers help him in prayers, prescribing and preparing medicine for the patients. People from various parts of Malappuram district used to come there for the treatment. The patients are from different religious backgrounds. The structure and

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<sup>10</sup> A colloquial term used to denote male member of a Brahmin family in Kerala.

environment of the room given to the patients are almost similar to that of an asylum.

In earlier days Kallur Mana near to Thrissur also has an inpatient section. They have shut it down almost 25 years back.

P.N. Namboodiri said that without the involvement of the community, he could not continue running the inpatient section. But he seemed to be quite confident about the efficacy of the treatment. The researcher asked him about the efficacy of the treatment. He replied, *“Don’t think that all people coming here are fools. If the treatment were not effective, they would not have come here. We are getting many patients who are not cured with psychiatric treatment”*.

Observing the treatment procedure in Poonkudil Mana, the practitioners used to create an atmosphere of prayer to match with the beliefs of people coming over there. They listened to the patients and their problems in front of the lighted camp (*Nilavilakku*) in the verandas of the center. They also chant some prayers during treatment.

The treatment of madness in *Keekkoottoor* family also follows a mixture of medicine and prayer. They call their treatment as ‘Iraham’ that means prayer based treatment. They also have a history of *Ayurveda* and *Unani* doctors in their family and run an

inpatient section too. But they shut down the inpatient section in 1972. The head of the family, *Sayed Hussain Sakhaph Thangal* told the researcher that *"In earlier days, there were no transportation facilities to the center. I assume that the inpatient centre provides accommodation facility to the patient who comes from far off."* In this center, they have mainly followed the treatment based on the explanation about illness given in Arabic texts. While talking to the researcher, the practitioner was engaged in writing certain Arabic mantras on the tender coconut that will be given to his patients. He explained the mantras, which consisted of different drawings and calculations in Arab language.

Researcher observed that even the non-Brahminic treatment tradition use medicine and *manthravada* methods. *Kunjurama Panikkar*, theyyam artist and *Manthravadi* from Malaya community, payyannur says, *"We treat mental aberrations using mantras, kriyass (Avahana kriyans) and medicine. The types of mantra used would vary according to the nature of the disease"*.

The Velan mantravadis used to conduct a ritual called *Pattatabali*, a sacrifice at the funeral place. The ritual used to take place in temples as well as in rich houses. This was meant for warding off the demoniacal influences, which overpower the members of the family or community as a whole. At the southern limit of the outer precincts of a temple or village house, a pit is dug in which a man is laid as an offering to the evil spirit and then the

pit is covered with a wooden plank. The last rites for the man are done, as if he is a departed soul. By late night, when the rights are concluded, the man who has been in the pit for many hours, would forcefully push off the wooden plank and run away in to the darkness in a totally possessed state. In the early hours of the morning, he would return in the same frenzy with which he started, carrying the uprooted, thorny rattan creepers rolled around his body from distant jungles with their thorns making bleeding wounds all over his body. This self-purification is an integral part of the exorcist practices, which amount to self-publication for the sake of a better life of the community as well as the individual (Panikkar, 1991 p.60).

#### **4.2.1.1.1.4 Types of disorders/ problems treated**

Analyzing the indigenous healing practices in various centers shows that in the present days, the patients who come to the centers are not having severe mental disturbances. According to Unni, practitioner in Kalakadu Mana, “we are getting mainly people with various types of problem. But those who are suffering from severe mental disorders nowadays go to psychiatric hospitals. We get people with various family problems and financial crisis. The patient whom I saw just before you come complained that her husband spends money unnecessarily and does not take care of the family responsibilities. I gave some tips to her on how to deal with the problem. (With smiling). You know, some times, I use a few psychological methods too..... We also do the necessary *poojas (Homa)* and prayers to deal with it”.

An interview with *Hydros Koya Thangal of Keekkottoor* family notes that, *“we get people with various family problems suffering with Koodothram (Secret contrivance) and such practises. We used to treat people with severe mental troubles in olden days. But now it seems that majority of such cases prefer going to psychiatric hospitals”*.

In contrast with this observation, Kunjurama Panikkar, Theyyam artist and Mantravadi says that, *“we get patients having fear, possession, of spirits lack of sleep, violent nature, depression etc. We also get patients who speak irrelevanthly and repetitively and patients who doubt their wives’ fidelity (delusion)”*.

Raman Panikkar, Theyyam artist and Mantravadi comments *“people come to us mainly to alleviate their mental conflicts and sorrows. People with financial problems also used to come here. I don’t get any cases of severe mental problems, now a day. As you know, such patients go to modern hospitals for treating their problems. But many of the problems would not be solved in the hospitals. Then, they again come back to us.*

But taking the pure medicinal treatment in Poonkudil Mana, the researcher observed a number of severely disturbed over there, who are under treatment.

As I noted before in the interview with Unni, Practitioner in Kalakadu Mana, emphasized the effective treatment of epilepsy. Hydros Koya Thangal of Keekkottoor family also noted that they get a lot of epileptic patients. He also said *“this center is mainly known for its treatment for epilepsy and infidelity now a days. People come for these treatments over here often. Out of the total number of patients coming here only 10% constitutes of mental problems”*.

It has been found from the Non-Vaidic Vaidya tradition that those practitioners treat mental disorders using a different classification system.

They have classified *unmadam* based on its symptoms. One classification I got from Ravindran Vaidyan, Payyannur that is attached in the appendices. This has been collected from his ancestors' notes, which is called as *Keerika symptoms* (Keerika Lakshanas). Keerika is the word, which denotes insanity in Vaidya tradition.

According to this notes there are 20 Keerika Lakshanas. Brahma Keerika Lakshana, Kinnara Keerika Lakshana, Gandharva Keerika Lakshana, Brahma Rakshasa Keerika Lakshana, Rakshasa Keerika Lakshana, Amrushya Keerika Lakshana, Paishasha Keerika Lakshana, Nakshathra Keerika Lakshana, Bodha Keerika Lakshana, Medha Keerika Lakshana, Azhal Keerika Lakshana, Kumara Keerika Lakshana, Uthama Keerika Lakshana, Adhama Keerika Lakshana,

*Bhrantha Keerika Lakshana, Swana Keerika Lakshana, Raja Keerika Lakshana, Visha Keerika Lakshana and Sannipatha Keerika Lakshana.*

From these analysis, the researcher observed that majority of the patients reached to the indigenous healing centers are not with severe mental disturbances. People suffering from such problems generally prefer going to psychiatric hospitals. The numbers of mental patients who come to indigenous healing centers are drastically reduced. At the same time, centers which provide pure Ayurvedic treatment treats severely disturbed even now. Thus, the researcher assumes that mild mental disorders are effectively handled in indigenous healing centres and as far as the treatment severely mental problems are concerned, medicine was an inevitable ingredient of it.

#### **4.2.1.1.1.5 Process of treatment**

##### **The unique Trinity Mantravadi, Vaidyan and Jyothsyan**

The treatment process of manthravada is teamwork. It includes Mantravadi, Jyothsyan<sup>11</sup> and Vaidyan (Ayurvedic physician). We can find a functional co-operation between these practitioners. Astrologer has an important role in the process of manthravada treatment. The role of an astrologer is to diagnose the problem. Uniqueness of mantravada practice in Kerala is the unique functional roles between physician, sorcerer and astrologer.

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<sup>11</sup> Jyothsyan means astrologer



In some tribal communities like *Vannan, Ganakan and Pulluvan*; the same person carries out these three responsibilities. (Unnikrishnan, 2005).

### **The Role of Jyothsyan**

He prepares the chart about the problem of the patients. The position of the stars is also an important cause. "*Kandaka Shani konde pokoo*" is proverb, which is very common in Kerala. This reflects the strong belief of the people in astrology cause of the patients' present problem. The sorcerer generally follows the chart given by the astrologer. Generally the chart explains the name of the spirit possessed, the cause and aim of its invasion. If the cause of the disease is because of any evil deeds, (aabhichara kriya). The astrologer will provide the details and remedy for it. According to the mantravada principle evil deed is one of the important causes for mental illness. Sometimes, the position of house also may lead to illness to people who live in that particular house. In that case the patient may also consult the astrologer. According to the interview with M.G.S. Narayanan, historian pointed out that

*'Kerala have a strong belief in the Vastusastra too'.* They believe that the position of the house may cause illness.

**The Act of Mantravadi:** Based on the chart given by, Jyothsyan the mantravadi performs the *manthravadam* for casting out the evil

spirits from the patient. Based on the nature of symptoms of the patient, the mantravadi could identify and conform the nature of the spirit or murthy (deity). If the murthy is Rajasic in nature, the patient will be more violent and some time fall into unconscious state. But if it is Tamasic the generally the patient will not be much violent generally. Based on these systems the mantravadi decides what kinds of treatment need to apply for the patient (Narayanan, 2006, p.58).

Some spirits are propitiated; others are just driven away. Different methods are used for driving away the spirits. Some are just mechanical; others transfer the spirit to some other objects and then get rid of it; still others try to deceive the spirit.

By far the most potent method of driving out spirits is *exorcism*, the expelling of demons through the magic power of the word. As a matter of fact, all other methods are usually combined with incantations. Certain words have to be spoken at the right moment if the spirit is to yield to mechanical pressure or to let itself be transferred. Either these incantations have the form of commands ordering the demon to relinquish its host; or they are appeals to more powerful spirits for intercession; or they are simply spells; words combined in such a way that a spirit, when it hears them, cannot resist them. . (Panikker, 1991 & Jaggi, 1982).

## **Mutturukkal**

One of the powerful act of *mantravadi* to caste out the spirits or *murthy's*<sup>12</sup> from the patient. As mentioned above some spirits or *murthy's* will not drive away from the patient's body. This may cause by the act of by someone else, evil deed (Abhicharam). In such cases *Mantravadi* perform this powerful act. Only a well trained sorcerer is capable to use this act. In vedic or Bhrahmanic tradition. The Mantravadi break the coconut followed by 'Jaladhara' mantra (Narayan, 2006, p.6).

In nonvedic tradition, the mantravadi perform this act using the blood of goat, hen and alcohol. If the evil deed (abhicharam) is very strong the act of mutturukukkal should be more powerful.

## **Yantras and Medicine**

*Yantra* generally used in *manthravada* process for protective purpose. After caste out the spirits from the patients' body, the sorcerer may suggest yantra and medicine for the patients if it required. Medicinal treatment for the patient decided by observing the nature and symptom of the problem.

## **Brahmanic tradition of Manthravadam**

*Mantra, tantra* and *yantra* are the three forms, set to rigidly prescribed rules of worship, followed by the Brahmins. This form of

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<sup>12</sup> Murthy-Means deities

worship combines in its elements of sorcery. Yantras are the essential past of *mantravada* treatment practices.

The *Yantras*, which the Brahmins use for *mantravadm* , are made of copper or silver or gold. The *yantra* is etched on a thin sheet of any of the above metals and it is given power by applying mantra to it continuously for a specified number of times. When it is charged thus with *mantrik* power, it is rolled and pushed into a tube of gold roughly one-and-a half inches long and the tube is sealed. This tube is called *Raksha* (as safeguard) against evils for its wearer. *Tantra*, *mantra* and *yantra* are fused into one to produce immense protective power. According to the *tantric* tradition, there are different types of deva yantras viz., Ganapathi yantra, Devi yantra, Hanumath yantra. These are also yantras for rajasic and thamasic purposes like attraction (Akarshna) driving out spirits (uchadanam), destruction of enemy (Shatrumaranum) and safeguard of children (Bala Raksha).

**Tantra:** Consists of a subtle language or gestures employed for inviting the spirit and fixing it up in the yantra. While the mantra, tantra, and yantra have lasting power and abstractions, they have their more concrete, though ephemeral, forms as well. Such forms are represented by floor paintings known as Kalam. However, Kalam also takes its cue from a tantrik form, the chakra.

**Mantra:** Treatment mantras for mental illness (unmadhachikitsa mantras) are enriched with sanskrit verses and 'Bheejaskshara', 'Oom, Ime, Clim'. These mantras mainly praise the Goddess Kali, Chamundi etc.<sup>13</sup> These are the various version of Goddess Kali. In manthravada treatment for mental illness, these mantras are not the first to treat with medicine. This is also a psychological relief for the people with mental illness.

**Kalam :** The Kalam in the kali cult denotes a floor painting of the Goddess. Before the form of the Goddess is painted, a chakra in the tantrik structure is drawn using two colours, white and yellow, mad respectively of rich and turmeric flour, on the north-eastern corner (Minakom) of the place in which the image of kali is proposed to be drawn. At the centre of this drawing, a bronze oil lamp is lit with the belief that with the lighting of the lamp on the chakra, the goddess has made her divine presence at the spot. Before the lamp is placed on the floor, a plantain leaf, with offerings to the goddess, like paddy, rice, coconut etc is placed. (Panikker,1992). The Kalam may be varied according to nature of mantravada and deity.

Kunjirama Panikkar also observed *"I choose a mantra based on the nature of the disease. I understand a disease from the*

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<sup>13</sup> "Oam Kali Mahakali Pathalakali  
Kalarathree Bhadrakali Oam hem. Hreem Hreem  
Oam klim Oam namo bhagavatho mahabhadrakali  
Sarvamamsa Bhakshini whom ha swaha

*behaviour of the patient and the observation of their family members about the illness”.*

He explains a component in the process of manthravada. *“Put a rooster at the feet of the patient after telling the secret portion. You need not faster the led of the bird. Once the ritual is over, the rooster as well as the patient would attain normalsy”.*

Another stage is the treatment process goes *“Many patient used to stare at us. They tell like this, pointing towards a place here stands someone”.* The mantravadi goes there, finds the spirits, tie him up or makes the patient himself to bottle the spirit.

Thus, we could see that they have followed a different procedure to deal with the patients. Using animals or birds as part of the prayer could not be seen in the Brahmin tradition to treatment.

According to Raman Panikkar, *Theyyam* artist and *mantravadi*, “some of the demons will not get away from the body of the patient. If the spirit belongs to a lower caste, a Brahminic mantrvadi cannot cast out it completely. Sometimes, they need to the help of a *Malaya* or *Paraya maravadis*. Recently, we did one such kind of *manthravada* to help a Brahmin family”. This shows that beyond the caste and class hierarchies *manthravada* treatment has a higher place.

#### **4.2.1.1.1.6 Deities worshipped in the treatment process**

There are many deities used in *manthravada* treatment. Analysing the mantras, it has been found that one of the chief deities in many of *manthravada* treatment was *bhadrakali*. The *bhadrakali* might have appeared in different forms like chamundi, durga, rudhirakali, chudala bhadra, Karinkali etc. But all these local names are connected to bhadrakali through some local narratives.

According to the religious beliefs Kali is the daughter of Siva. The concept of Kali originated in prevedic period (Narayanan, 2006).

According to Narayanan (2006), there are different Manthramurthy (deities) used for manthravada. They are Karinkutti, Raktha chamundi, Bhairavan, Hanuman, Kuttichathan are the most important deities for manthravada. Analysing the non brahminic tradition of manthravada also shows similar kind of manthramurthy. It could be assumed that though the Aryanisation process, the Brahminic might have accommodated the chief deities of Dravidians. Observing the rituals we can find the thread for this assumption. For example, sacrifice of animals received a new form of manifestation in Brahminic tradition. Instead, of sacrifice of animals, they use 'guruthi' pooja. In guruthi, they mix turmeric powder and other powders used for pooja to produce red water, which symbolically represent blood.

Whether manthravada is modern or primitive, the chief deity of manthravada is Kaali. Some extract of mantras are attached here. <sup>14</sup> (Narayanan, 2006). But some manthravada families worshipped Kuttichathan as one of the deities for the manthravada practise. Kalakkadu family is one centre in which Kuttichathan

<sup>14</sup> Extracts of Mantras for driving out the spirit.

1)

കരുണാകര പുരഹരനുടെ സുതനാം  
കരിമുഖമുടയോൻ വരമരുളേണം  
കുളിഗണത്തിൽ നാമമുരയ്ക്കാൻ  
വാണിഭഗവതി കുടികൊള്ളേണം  
എന്നുടെ നാവിൽനിത്യം സതനം  
കാളികൾ കുളികൊടുക്കാളി ചില  
വേതാളത്തിലതേറിന കാളി  
നിമ്മലരൂപി നിരഞ്ജിന ശംഖിനി  
ചണ്ഡികചാമുണ്ഡി സർവ്വേശ്വരി  
എന്നെല്ലാവിധകാളികളനവധി  
വിണ്ണിൽകൂവി നടക്കുന്നുകൂല  
വായ്പൊടുവള്ളിയിറുക്കി വരിച്ചും  
വൈരാഗ്യത്താൽ ചാടിമരിച്ചും  
വെടിയുമുടക്കളികൊ മരിച്ചും  
എമ്പിലുവാശിയു മീനാം പേച്ചി  
ദിക്കുകളൊക്കെ മുടിക്കും പ്രേതം  
അളളും പ്രേതം നുള്ളും പ്രേതം  
ആണമുഗത്തുനടക്കും പ്രേതം  
ഗർഭിണിമാരുടെ വയറുതരിച്ച്  
പെറ്റുപിറന്നു വരുന്നൊരു കുഞ്ഞിനെ  
ഞെക്കിഞെരിച്ചും കൊല്ലും പ്രേതം  
സുന്ദരയക്ഷി അരുളിയ യക്ഷി  
സൂര്യനിറം പൂടിന യക്ഷി  
മറുനാ, ചെറുനാ പേച്ചിയൊടൊക്കി  
നാമറുനായും മലമറുനായും  
പിന്നെ മറുനായും നിണമറുനായും  
കല്ലും മണലും വരിയെറിഞ്ഞും  
കാടുപിടിച്ചുകിടക്കും മറുനാ  
മൺഭൂതം, മരമേറിയഭൂത  
വഴിയിൽ ഭൂതം കുഴിയിൽ ഭൂതം  
ഇനിയും പലപല ദേവന്മാരും  
ഞാനുഴിയും ഹോമത്തിലമന്ന  
ഒരുധാരമാർഗ്ഗേ പോകണമെന്നേ  
ശ്രീ ഭദ്രയാം ഭദ്രകാളി  
നിൻപാദങ്ങൾതൊഴുന്നേൻ സതനം  
ഗിരിധരൻ മായവൻ നാന്മുഖൻ വാണിടം  
നമസ്തേ ജനനി!! നമസ്തേ ഭദ്രകാളി  
നിൻപാദം തുണനമസ്തേ നമസ്തേ.

2. ഒടിയനെ കാൽ വലഞ്ഞെ തള്ളവെരൾ  
കൊ ശക്രം വെട്ടിമൂലമന്ത്രം ശ്രദ്ധയോടെ  
ജെപ്പിച്ചാൽ ഒടിയൻ അവിടെ നിൽക്കും.  
ഇതു ശെമ്പു തകുട്ടിൻ  
എഴുതി കെട്ടുകയാൽ സകല ഒടിയും  
സകല ദൈവസന്ധും ശകല പ്രേതവും  
ഇഹകം വെട്ടിമൂലമന്ത്രം ജെപ്പിച്ചാൽ

(Bundle No. 1726, Manuscript library)



worship is prevailed. According to the folk beliefs, Kuttuchathan originated in Kalakaadu Mana. There are different versions of this story. One version says that Kuttichathan is a gift of God Mahadevan to Kalakaadu Nambudiri who does not have children (Vishnunamboodiri, 2005). The other version speaks that Kuttichathan is Nambudiri's own child born to a Paraya woman and the Nambudiri rejected his son as he belonged to the lower caste. Then the story goes like this. After Kuttichathan's death, he was reincarnated as a servant boy in Kalakadu family. He has become powerful and did many miracles. He has become a chief deity of the manthravada treatment.

#### **4.2.1.1.1.7 Causes of madness**

The indigenous healing practises for mental illness have attributed various causes for madness. Most of the causes are evolved around the concept of possession of evil spirits. Narayanan (2006) divides possession into three. Among these three, two are possessed for entertaining and eating purposes and the third one might occur with an intention to kill or harm the patient. At the same time, the influence of classic Ayurvedic text provides a different understanding about the causes of madness. Caraka says that position of stars cannot give a complete answer of the cause of madness (Narayanan, 2006). He emphasized that the imbalance of

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tridosha-Vata, Pitta and Kapha- and one's wrong lifestyle lead to mental aberrations. Thus we could see that astrologers, sorcerers and Ayurvedic doctors agree on the classification of mental illness caused from one's birth itself (Janmarjitham), one's deeds (Karmajitham) and exogenous factors (Agantaka).

Here, astrologer comes to the help of sorcerer. They understand the causes of possession into many some of them are due to tridosha, anger of ghosts (Prethakopa), anger of God (daiva kopa), curse of Guru (Gurushapa), curse of Brahmin (Brahmin shapa), black magic (Aabhichara), Koodothram (Secret contrivance) etc. and texts say the symptoms of each of them. Possession is again divided into those affecting the mind and those affecting the body. Madness (Unmadadi roga), comes under both these categories (Narayanan, 2006).

Analysing the historical documents it has been found that the faith in black magic and sorcery was very strong among the people of Kerala. Even the government itself believed in the mysterious acts of black magic to cause illness. According to one of the Archival documents found from Regional Archives, Cochin there are incidents of widespread banning of black magic by the government. But it was very much popular in Malabar, Cochin and Travancore.

In nineteenth century, Government of Cochin State considered black magic as a practice for distracting enemies under

grave crime. Menon (1911) pointed out *"In those days witchcraft was numbered among the grave crimes. Even so recently as 1827 a man was sentenced to imprisonment for six years for causing the Raja's health to break down by the practice of his black art. It was during the time of the Resident Colonel Cadogan (1827-34) and through his repeated representations that prosecution for witchcraft was finally discontinued. In 1793 the Dutch Governor of Cochin Van Anglebeck, advised the Raja to inflict exemplary punishment on a sorcerer by his art made His Highness seriously ill and whose guilt was conclusively established by astrological calculation"*. (Menon, 1911, p 441, Series files 1684-1869).

This Archival document about the punishment order a sorcerer for his black magic against the Raja is attached in the appendices. This document proves the fact that the government of the state too believe in the practice of black magic in earlier days.

Even the manthravadis believe that mental illness is caused by secret contrivance (Koodothram) by other people through the help of black magicians. There are different procedures used by the manthravadis to protect their clients from this secret contrivance. Yantra used by Brahmin manthravadis was one of the protective mechanisms to prevent this kind of black magic.

It has been observed by the researcher that the theories and practises of manthravada believe in the social root of the mental

problems. Each manthravada practise provides a lesson to the society in which it occurs. Generally, the practitioner was also part of the social context of in which the treatment operates. The name of the spirits and various methods used to cast out the spirits are familiar to the natives too. P.N. Namboodiri says that “manthravada and other healing practises for treating mental illness will survive in the society as long as people believe in it”.

Kunjuramapanicker told “if the disease is not cured by the manthravada treatment, the sorcerer himself should treat the patient with his own money and solve the problem”. This shows the strong social bond shared between the practitioners patient and the community. Kunjiramapanicker also says “very often I was astonished to see the cure happens in my patients”. This also illustrates how does the treatment and the faith of the people match together in healing process of madness.

The family based treatment prevailing in Kerala follows a diverse healing tradition. Even if this tradition has lost many of its practises, it is still alive and popular among the common people in Kerala. This reflects the fact that this treatment has roots in the cultural psyche of Kerala and her people.

#### **4.2.1.2 Religious centres based treatment**

Religious practices and festivals played a central role in the healing practices of mental illness in the context of Kerala. The

festival itself acts as a preventive mechanism to protect the people from various kinds of illness. Apart from these festivals some of the temples, mosques, and churches in Kerala are well known for the rituals used to treat mental problems.

The researcher focused Chottanikkara temple, Ernakulam and Beemappalli, Trivandrum for the present study. The researcher followed the method of observations to understand the rituals and forms of religious practises over there. Analysis of some of the historical documents was also done.

The Bhagavathi temple at Chottanikkara near Cochi is a healing centre for people who suffer from mental aberrations. Usually women under the magical spell of evil spirits are taken to this temple where they stick nails on the big peepal tree, hammering them with their forehead, as if the evil spirit that stays within is tied down forever. The practice even now is vogue and the tree can be found full of such nails, each representing the solution of an individual's mental problems.

Bheema palli is another popular centre for the treating mental illness. It is a Mosque (Jaram means sacred tomb) of Seyathu Bheema Beevi and Seyathu Abubakkar. The devotees believed that Bheema Beevi and her son came to Kerala from Arabia to teach the Muslim doctrines. She was also well versed in Yunani for treating mental illness. They believe that if they come and pray in this Jaram all problems will be solved. The people

believe that "Ummachi will save as" (Ummachi (mother) rakshikkam).

After Bheema Beevi many other healers were popular in connection with the Bheema Palli. Kalladi Bhava was one among them. According to an old man, Kareem whom the researcher met over there, "Kalladi Bava was a strong healer for mental problems and evil deeds". He said that Bava was very powerful and was able to break big stones with his hand. The people over there said that the caste and class are not a block in this place. Any body can come here and pray to Ummachi.

The devotees believed that if they bath in Marunnu Kinar (medicine pond) their mental problems would be relieved. The main days for the prayers for the patient are Monday night (Thingal ravu) and Friday night (Velli ravu).

Analysing the religious practises for madness and other mental conflicts, the researcher had made certain observations. They are given below.

Table 4.3: Thematic analysis of religious centres based practices:  
Emerged themes and categories

	<b>Themes</b>	<b>Categories</b>
1	The preventive function of religious practises	Expression of feelings, aggression and frustrations.
		Socially accepted 'disorderliness'
2	Mother goddess concept	Kali worship
		Representation of sexuality
		Nurturing and aggressive mother
3	Elements of faith	Rituals

		Process of casting out the spirit and demon
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#### **4.2.1.2.1 The preventive function of religious practises**

The important elements in any festival and ritual form are the environment, which it creates. Taking the ritualistic practises in various religious centres, it has been found that it provides a unique environment where the people can express their feelings freely. The rhythms, songs and dance create a cathartic effect among the devotees. According to P.N. Namboodiri, *“festivals and various rituals act as a preventive mechanism for mental aberrations of people in earlier days of Kerala”*.

Taking the Chottanikkara temple into consideration, the observation made by the researcher shed lights into some of these issues. A narration about Siveli in Chottanikkara temple is given below.

In the time of Siveli (Serenading) in Upper temple (Mekkavu) the mad people start screaming and dance according to the rhythmic noise of drum (Chenda). Generally women are possessed by spirits. They move around the temple as quickly as possible in the time of pradakshina (Moving around the temple). Sometimes they make choking, strangling noises and rolls on the ground with matted hair. Some women swinging their hair back and forth reach the peak of the possessed state at the end of Siveli. Then they proceed to the lower temple, where Bhaarakali is housed. There is

a huge temple tank where the Bhagavathi is said to have thrown the evil Yakshi who tempted a Brahmin, her blood stain water makes it a permanent red.

During the fit of possession (badha) the patient will tell which spirit is troubling them. Then they go to the astrologers, who tell how long the nail should be. Power is put in to the nail and the person has to bang it into the tree with her head. Through this process badha will be go out from the body of the patient.

Analysing the people come for the casting out of devil are mainly from the lower caste of the caste hierarchy. Other Bhagavathi temples like Madaikkavau, and Kodungalloor are also followed somewhat similar pattern of practises. The researcher visited those places and observed the practises happening there. But focus was given more to the Chottanikkara temple. Madaikkavu was found to be the main centre of Kali worship in northern Kerala. (Visnu Namboodiri, 2004) One of the similarities observed in all these centres are the castes of the people coming for managing their mental problems. As I noted before, the majority are from the lower strata of caste hierarchy.

These centres offer a platform for the people to express socially unapproved body movements, voices, and dance especially in the case of woman. In other, way, it provides a space for 'disorderliness'. It creates an 'opening' for following out many of the mental conflicts before converting them into severe mental



disorders. It also provides peace, calmness and internal harmony to the people who come over here.

Such kind of rituals provides an environment to express aggression and frustration of people. In that sense, these rituals give a cathartic effect to the people who come for healing.

#### **4.2.1.2.2 The Mother Goddess concept**

Vishnu Namboodiri (2004) points out that the Kali worship was very much prevalent in both Vaidic and Non vaidic traditions. He said that it is very difficult to differentiate Kali worship in Vaidic and Non vaidic traditions in Kerala.

**The Goddess Kali in Healing Practices:** Goddess Kali is the predominant deity in healing practices of Kerala. Encompassing a variety of divine personalities ranging from the benign to the ferocious. Bhagavathi (Other name of Kali) is associated with both the Sanskrit goddesses of the greater pan-Indian Hindu tradition, and local village Goddesses associated with fever diseases. As Bhagavathi, the goddess is conceived of as primarily benevolent and powerful, simultaneously a chaste virgin and a caring mother. She is seldom portrayed either in Mythology or Iconography as being the consort of any male deity, but stands on her own. Every community in Kerala worships her in a distinctive way, ranging from simple costumed possession dances to elite Sanskrit operatic

theatre. The many ritual traditions associated with the worship of Kali reflect Kerala's collective historical and social development.

Caldwell (1999) in her significant work on Mutiyettu (a ritual drama form) explores the causes of demonic inspiration in women (badha avesum). She observed that demonic possession and demonic inspiration are two different forms. "The divine possession of men is suffered to as devaavesam (Divine inspiration) opposed to this divine possession in possession by demonic. Spirit known as badha or badhaavesam demonic inspiration". (Caldwell, 1999). Badha normally affects women but occasionally men, and is considered quite different from the trembling and shaking of divine visitations. Victims of badha often behave aggressively, utter obscenities and curses, and fail to observe normal rules of decorum. Caldwell observed that the attribution of Badha in women connected with sexuality and gender inequality of women in Kerala. *"A tullicchi is an unruly or ungovernable sort of women; a flirt-all that a Malayali lady should not be. These adjective aptly describe the behavior of Bhadrakali in the performance, as well as that of the mad women at Chottanikkara. The lack of control displayed by all of these undesirable female models centers around the double taboos of anger and sexuality. The yelling women scornfully reproached as 'a real Bhadrakali' the errant female who enters a temple while menstruating, the disobedient daughter the filtrations girl: these are punished with badha, shivering fits and possession. It is a*

*woman's sexuality and potential angers that is taboo and that must be controlled".(Caldwell,1999, p-216)*

Many other scholars have noted the relationship between women's possession and repressed sexual and aggressive emotions. Kakkar in 1982 also observed about the sexuality of women and possession. Gold (1988) clearly demonstrate how possession performances she witnessed in Rajasthan allow sanctioned expression of female sexual frustration. Lewi's classic study (1989) outlined the many parallels between social marginality and female spirit possession, suggesting that it is a form of protest against religion. Rani's (1992) rich study of female possession in southern Tamil Nadu exemplifies this thesis. In badha too, female emotions of rage and direct which are taboo, find expression in stylised behaviour (cited from Caldwell, 1999).

Considering the specific context of Kerala, there is all the possibility to accept the argument of Caldwell. The analysis of the history of Kerala proves the fact that women in Kerala undergoes self-denial and self-control. They are expected to repress their sexual and aggressive feelings nearly all of their life, can easily lead to the madness or possessed by badha.

The interview with the present head of treatment in Bheemappalli says that "Ummachi (mother) will save us. (Ummachi rakshikkaum)". Eventhough Bheemappalli is a mosque, we can find

some connections with the concept of mother goddess in Kerala. The researcher hypothesized that this could be reflected in the social stereotypes of ‘mothers’ caring while a person experiences any kind of illness. Coming to Chottanikkara, we can find two extreme forms of this mother. On the one side, a caring and affectionate form of the mother, On the other hand, a blood thirsty, terrifying mother. This contrast gives a different depiction of women and their sexuality in the context of Kerala. Caldwell’s study (1999) focused on these issues.

#### **4.2.1.2.3 Elements of Faith**

One of the underlying elements these treatments based is the faith of the people in Goddess Kali and her power. A prayer called ‘bhadrakali dhyanam’ used in the Chottanikkara temple shows people’s strong beliefs in Kali’s power to treat their devotees.<sup>15</sup>

This sloka explains the terrific nature of Kali and her special powers in treating different diseases. Many of the contemporary psychological theorists recognize that faith has an important role in to play in any healing practise. In the case of Chottanikkara temple, it is true that the majority of devotees strongly hold the faith in Bhadrakaali. In other words, we can say that the whole process of

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<sup>15</sup> കാളീം മേഘസമപ്രാഭാം ത്രിനയനാം വേതാളകണ്ഠസ്ഥിതാം  
 ഖഡ്ഗം വേടകപാല ദാരിക ശിരഃകൃതാ കരാഗ്രേഷ്ഠ ച  
 ഭൂതപ്രേത പിശാചമാത്യസഹിതാം മുണ്ഡസ്രജാലാം കൃതാം  
 വന്ദേ ദുഷ്ടമസുരികാദിവിപദാം സംഹാരിണീമീശ്വരീം

managing mental illness happened only based on faith. In contrast with family based treatments, the medicinal elements are rare here. The possessions, casting out of evil spirits are happening based on this faith. The rituals performed on Friday night in Keezhkkavu reflects the blending of faith of the possessed in an aura of religion.

One Friday evening, I visited Chottanikkara temple. After the Siveli, the Guruthi pooja was about to start then in Keezhkkavu where the Bhagavathi is housed. The possessed women are already reached a kind of 'trans' state when they came to Keezhkkavu. This could be because of the rhythmic atmosphere created in the *Melkkavu* at the time of *Siveli*. The *Guruthi pooja* started. There were groups of people sitting almost near to the peepal tree. Some women are already started screaming rolling, dancing and laughing. The priests of the temple prepared *Guruthi* with *Kumkum*, Turmeric powder and other ingredients. They poured this water into a big vessel and enchanting various *manthras* to praise *kaali*. Once this manthra reaches its climax, the possessed woman also reaches her trance state. They seemed to be experienced a kind of pleasure. Sometimes even they dance and roll their body over the floor, produces some noise, which is similar to that, arose during sexual stimulation.. At the peak of this *Guruthi pooja*, they have reached at the heightened stage of experience and they fall down

on the ground. Finally they struck the nails with their fore head on the peepal tree

In this whole process of ritual, the role of the priest was very less. Possession and the expressions were happening rhythmically. In contrast with *Manthravada*, there was no much interference of the priest in this whole process. Each person takes the essence of the environment and internalizes it into their psyche and express their own selves freely. It seems each person can reflect a kind of 'disorderliness' in a socially accepted and safe manner in this platform. Here the boundary of normally and abnormality is dissolved. The people coming here are allowed to shift/ from normality to abnormality and vice versa. It extends a safe and secure space for the conflicted mind to release their unhidden desires and wishes. The researcher assumes that this emotionally charged environment blends with element of faith prevents the mental conflicts become worse. In other words, we can state that these kind of rituals give a chance for the people to become 'mad' for a while and then come back to their so-called normal life.

The healing practise happens in Bheemappalli needs to be analysed in a different religious context. But analysing the practise over there throws light into the beliefs and faith of the people. The researcher observed that the people coming here for healing are from different religious backgrounds. They believe that if they pray

to Ummachi (mother) they will be cured. There is also a belief that if they take bath in the Marunnu Kinar (medicine pond) or drink water from it, there problem will be solved.

“I visited Bheemappalli on a Friday 12 noon. I say the mad people wander in the courtyard of the huge mosque talking to themselves, screaming and staring at people. I didn’t find anybody instructing them what they are supposed to do there. Some of them are eating food, sleeping on the ground in the hot sun. Some of them are asking something to themselves and express their destiny of life. I saw two buildings near the mosque where the mad and their relatives stay over night. A group of women were chained to big pillars in a stage like platform near their rooms. I was not allowed to go and talk to them as I am a man. But I hear them screaming and asking something to me. I spoke to some of the relatives of the patients. They used only the blessed oil given by Mussaliar and the water from Marunnu Kinar (medicine pond). Many relatives told me that after reaching Bheemappalli their patients felt better”.

This is another example how does the elements of faith work in the treatment of madness.

Taking the religious healing for mental illness into consideration, there are plenty of big and small centres run by different religious groups exist in Kerala. Some of these centres are

well known over the state of Kerala; but a few others are popular in their own locality. Religious or faith based healing centres could be seen in the nook and corner of Kerala in different forms even in the 21<sup>st</sup> century. This illustrates the fact that the faith element and its relation with healing are embedded in the social and cultural lives of the inhabitants of Kerala. This demands further studies to address these issues in the context of Kerala.

#### **4.2.1.3 Madness and Ritualistic art forms**

The ritualistic art forms are an important part of the social life of people in the earlier days in Kerala. Even if, these ritualistic art forms have changed in its phase during the course of history, it is still prevailing in the state. These ritualistic art forms are diverse and practised in various localities of Kerala. The characteristics of these art forms might be varied from place to place. Many of these theatrical art forms provide a cultural space to interact and celebrate the life in its fullness. In that sense, these art forms serve function of social harmony, community get together and intense belongingness.

As part of the present study, the researcher focused Theyyam, one of the ritual dance forms prevailing in Northern part of Kerala in connection with its relevance to madness and its management. The researcher visited Payyannur, one of the centres for Theyyam performance, stayed there and observed the Theyyam



performance. Researcher also interviewed some of the Theyyam artists and sorcerer and natives of the place. The studies conducted about Theyyam are rare in number. But researcher reviewed available studies for the better understanding of its social and psychological root.

#### **4.2.1.3.1 Theyyam or Teyyattam**

Theyyam or Teyyattam is one of the peculiar folk art prevalent the Kolathnad<sup>16</sup> region of Kerala. This territory comprising the present Cannanore District and Badagara Taluk of Kerala state. According to Narayanan (1973) The Theyyam are essentially forms of hero worship when the dead heroes and martyrs are invoked through song and dance and magical symbols, and the main episodes from their lives are enacted in an attempt to propitiate their spirit though there are also theyyam of deities from the puranic lore (Narayana, 1973), Kurup (1973) noted that theyyam is a peculiar kind of hero worship in Kolathunadu. It is a colourful aesthetic imagination of the people. He observed the blending of artistic forms in a historical pageant is a good example of the aesthetic imagination of the people. The common terms used for denoting this particular form of folkart are Teyyam or Teyyattam and Tira and Tirayattam. Attam means dance in malayalam.

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<sup>16</sup> The ancient rulers of this territory were known as Kolathiris or Kola kings. There is also one tradition that the rulers to Kolagan community, and thus they were known with the identity of caste as Kola kings.

Teyyam is a corruption for Daivam or God. Thus Teyyattam means the god's dance. (Kurup, 1973).

Kurup, 1973 also distinguished the devil dance from Teyyam. He observed "Devil is the opposite aspect of god and the worship of that aspect is harmful to human. One common feature of this folk cult is that even the spirits are attributed with godliness (Kurup, 1973).

In Kadathanad and other (South portion of Kadathanad) Teyyam is known as Tira or Tirayattam. There, the performance is conducted on a masonry stage called Tara and the word Tarayattam was probably changed into Tirayattam in course of time. The term Tirayattam itself may mean beautiful dance also.

The person who plays and personifies the deity is generally called 'Kolam'. The word Kolam means figure or shape or make up in Tamil and Malayalam. Adiyarkunallar, the commentator of cilappadikaram has mentioned several folk dances representing the dwarf, the hero, the Brahmin and the parayan. He called their dance as 'Kolam' and the very same word is still in vogue in malabar for such dances. The Kolam, as a folk cult, is prevalent in ceylon also. In Tulunad north of Kolathnad, the custom of Kolam dance is widely prevalent as a form of worship of the Bhootas or spirits. There, the dance was conducted before stanams where the Bhootas or the spirits used to reside. The whole village folk

assemble to witness the Kolam ceremony: it is a part and parcel of their life and living.

### **Kolakkar (Theyyam performers)**

According to Vishnunamboodiri (2006), the theyyam performers are mainly from the tribal group of Northern Kerala. The performance styles could vary from one group to another group. The main performers are from the communities of Vannan, Malayan, Panan, Velan, Mavilan, Cheruvan, Chingathan, Thuluvelan, Koppalan, Anjuran, Munnuran, Pulayan, Kalanadi, Peruvannan (Vishnunamboodiri, 2006). Among these Velan, Malayan and Vannan tribes are the prominent theyyam performers (Kurup, 1973).

### **Velan tribes**

Velan is one of the castes that performs Tirayattam or Teyyattam in Kaluthnad. The term vellattam which denotes the introductory performance of the deity in the evening without ceremonial make up and dress, represents the combination of the words Velan and Attam (dance). Thus Velan is a noted authority of this folk dance. His origin can be traced back to Sangam period. He is the only indigenous priest or poojari mentioned in its literature.

There are different opinions about the origin of this caste. According to Kurupu (1973), the Velan and Velir community have a common origin. He observed the legend of Velir coming from

Tuvarai mentioned in Tamil commentaries on Samgam works. The velan caste at Malabar also traces their origin from the country surrounding the subramaniyan temple in Puthur Taluk of South Kanara. They hold the deity subramaniya as their paradevata or Kuladeivam. It is believed that they settled in Malabar migrating through Mangalore. Vishnunamboodiri (2006) also supported this argument. He observed the Velan community could come Tulunadu (South Canara) the velan community could come from and settled in Malabar. There are some scholars who believe that the Velan tribe can be traced even to Harappan and Mohanjadaro civilization. Rev. Fr. Heras, is the first person who attempted the identificatin of the indus valley symbol of a man with a spear as a Velan (Kurup, 1973).

### **Malayan & Vannan Community**

Besides the community of Velan, Malayan and Vannan are the predominant communities that perform Teyyams in Kolathnad. One peculiarity of these tribes is that the individuals are known by their caste name and village name instead of the house names as in the case of other communities. Patrilliny is the system of inheritance among the Malayan communities. But Vannan community has adopted matriliney as followed by Nairs. When the former kept isolation from the practices of other castes, the Vannans adopted matriliney imitating Nairs and other higher classes(Kurup,1973).

There is a tradition related to the origin of the Malayan community. According to this story Vishnu and Siva had “evil eye” or Kanneru Dosham on their bodies. For eradicating this trouble the saint Narada incarnated as Tummurun Narada Parvatha Malayan. Urvashi, Menaka, Arundhati, Chittira and Lekha, the five heavenly damsels incarnated as Malayan women to help Narada in his rituals. Generally Malayalans used to perform Teyyattams of Raktachamundi, Vishnumurthi, Matayil Chamundi, Rakteshwari, Pottan and Kuttisasthan. In their Teyyattams, their women folk used to recite Tottams in the background of the performance. This custom of recitation by women is not prevalent in the Teyyattams by Vannans (Kurup,1973).

Both these castes are the indigenous tribes of Kerala. Among them there are good traditional physicians and good folk dancers. The tradition of folk dance in Kerala was kept alive by these people. Even though they are untouchable to the Brahmins, the Teyyams performed by them received their worship originated as a native tradition, caused the cultural integration of the migrated Brahmins with the native people.

The other communities who perform Teyyattams are Mayilan, Vettuvan, Pulayan and Koppalan. Koppalan or Kottukoppalan is a sect of Velan as described previously. Mayilan was one of the primitive tribes of this area and in ancient period he belonged to

the class of rulers. The archaeological remains of a fort known as Mayilan for near Kasaragod reveals their Kingship in ancient period. Vettuvar and Pulayar were also the masters of the land. As they were persuaded to adopted a tribal life, even their identity as individuals was lost and they were known by the family names of their feudal lords. These tribes used to perform Teyyattams in memory of their deceased ancestors. But these Teyyattams are not so colourful and artistic as compared to those of other castes like Velan, Vannan and Malayan. The Teyyattams by Pulayar and Vettuvar remain good examples of the spirit worship of these tribal peoples. (Kurup,1973).

#### **4.2.1.3.2 The Performance of Theyyam**

The dance or invocation is generally performed in front of the village shrines. It is also performed in the houses as ancestor worship with elaborate rite and rituals. There is no stage or curtain and other arrangements for the performance. The devotees would be standing or some of them would be sitting on a sacred tree in front of the shrine. In brief it is an open theatre. A performance of a particular deity according to its significance and hierarchy in the shrine continues for 12 to 24 hours with intervals. The chief dancer who propitiates the central deity of the shrine has to reside in the green room and observe vegetarianism, fast, etc. as part of rituals. This may be an impact of Jainism and Buddhism. Further after sun set this particular dancer would not eat anything as a legacy of

Jainism. Specialists and other dancers do his make-up. First part of the performance is usually known as vellattam or Tottam. It is performed without proper make-up or decorative costume. Only a small red headdress is worn on this occasion. The dancer along with drummers recites the particular ritual song, which describes the myths and legends of the particular deity of the shrine or the folk musical instruments. After finishing this primary ritualistic part of the invocation the dancer returns to the green room. Again after a short interval he appears with proper make-up and costume. There are different patterns of face painting. Some of these patterns are called Vairadelam, Kattaram, Kozhipuspam, Kotumpurikam and Prakkezhuthu. Mostly, primary and secondary colours are applied with contrast for face painting. It had effected certain stylization also. Then the dancer comes in front of the shrine and gradually “metamorphosises” as the particular deity of the shrine. He, after observation of certain rituals places the head-dress on his head and dances. In the background folk musical instruments like Chenda, Tuti, Kuzhal and Veekni are played with rhythm. All dancers take a shield and Kadthala (sword) in their hands as continuation of the cult of weapon. Then the dancer circumambulates the shrine, rund in the courtyard and dances. The Teyyam dance has different steps known as Kalasams. Each Kalasam is repeated systematically from first to eight system of footwork. A performance is a combination of playing of musical

instruments, vocal recitation, dance and strange make-up and costumes. The stage-practices of Teyyam and its ritualistic observations make it one of the fascinating theatrical arts of India. (Kurup,1986).

### **Analysis of Theyyam in relation to madness**

Based on the interview, observation and review of related studies, the following categories and themes are generated.



Table 4.4. Thematic analysis of the ritual art forms :emerged categories and themes

	<b>Categories</b>	<b>Themes</b>
•	Images of oppression and desire for freedom	Social Model
•	Hero worship in Theyyam	
•	Solving the problems in the community	
•	Manthravada tradition of Theyyam artists	Manthravada and Theyyam practice
•	Team work of Manthravadis and Theyyam	
•	Celebration for people	Preventive power of Theyyam
•	Place for setting the issues and problems in a community	
•	Prevention from severe mental problems	
•	Plot (ithivrttha) of Kuttichathan theyyam	Images about madness
•	Plot of Puli maranja thondachen	
•	Plot of Kadangottu Makkam	

#### **4.2.1.3.3.1 Social Model**

The plots of many Theyyams reflect the images of oppression and the desire for freedom. “The stories of Theyyam explains the story of some people who tried to address the needs of the family and society at large. After, their death, they turn to become gods”. Said Dr. Pavithran, folk lorist, Dept. of Malayalam, Govt college, Payyannur, many of the Theyyam characters are martyrs who turned becoming Gods after their death. These martyrs became the heroes in Theyyam performance. From the analysis of Theyyam

cult, Kurup (1973) observed that the tradition of hero worship in Kolathnad has an uninterrupted continuity of one thousand and five hundred years. The indigenous cult of hero worship as recorded in Sangham literature is still preserved through the ritual folk dancer, Theyyattom. The early cult of Velan and his dance also have contributed to the impersonation of deities. The memory of heroes was cherished by the people and the worship of the spirits developed into a folk dance generally known as Theyyattom

When the process of Aryan migration was completed in Kolathnad by 10<sup>th</sup> century A.D., their Gods were also incorporated in the rituals of indigenous folk dance. Thottam songs were also introduced in this period depicting the story of the deity. When sophisticated acts like Kathakali developed influence by these folk dances, such art forms contributed some material form to this folk dancer also (Kurup, 1973).

The stories of Theyyam narrate the process of how a human being becomes God. Through the Theyyam performance, the 'power-less' human being who is subjected to all the worldly oppression and cheating would be getting a chance to resurrect as a mighty, powerful God who is above all these worldly boundaries. It creates a kind of imagination and fantasy in the people's psyche. At the same time, it occurs in a context where the reality prevails. The reality is the caste structure existed in Kerala where the lower

caste was not supposed to enter even the premises of the upper caste. But in Theyyam days, the performer is usually a lower caste man who is allowed to perform Theyyam in the houses of Brahmins too. Even the Brahmins accept them as Gods, they pray to Theyyam and receive blessing from them.

This reflects a kind of complex caste relationship existed in earlier periods of Kerala. It provides an opportunity to the lower caste even to express their feelings towards the society in a theatrical form. This theatrical art form of Theyyam, in that sense, constructs a new meaning to oppression and its manifestations. In this process, the oppressed becomes the God. It is a process of visualization where the society creates a space to construct God as an expression of their oppressed feelings.<sup>17</sup>

Taking mental conflicts into consideration, each Theyyam performance offers a social lesson to deal with problems in the society. One of the interviews done with Kannan, folklorist and Theyyam artist, Kunjimangalam, Payyannur explains “suppose, for instance, there was a robbery occurred in a family. The robber and the person who was robbed would come in front of the Theyyam and the Theyyam would act as a mediator to settle this issue. There

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<sup>17</sup> Kerala was considered as the land of social and caste hierarchies till 19<sup>th</sup> century)

is a saying among people that “you are answerable to Bhagavathi” (Bhagavati Chodikkum)”.

Kannan given another incident here. “There is a particular ritual called “Pena Kodukkal” (Pena means badha). In this ritual, generally, the person who is possessed consult an astrologer and the astrologer decides the origin of the badha. If the badha is from the spirit of a dead person, the astrologer identifies whom the spirit belongs to. At the time of Theyyam performance, the possessed and a representative from the dead person’s family would come infront of Theyyam. Theyyam explains certain remedies for this problem. Sometimes, he advises them to make the model of the dead person’s and hand over it to his family”.

These kinds of practices show that each performance of Theyyam offers a social lesson to the people in that community. It also helps to provide a better, interpersonal relationship among the community members.

#### **4.2.1.3.3.2 Mixture of Manthravada and Theyyam practice**

Observing the tradition of Theyyam practice, we can find that the majority of Theyyam practitioners are also sorcerers. The Vannan, Malaya and Velan communities are not only famous for their Theyyam performance, but also popular in their manthravada practice- Among these communities, Malaya community is more

popular for their sorcery practices. There is a say about this.<sup>18</sup> This says that Vannan community is well known for their medicinal treatment and Malaya for manthravada.

According to Kannan, folk lorist and Theyyam artist, Kunjimangalam, Payyannur says “If the problem is not solved in the presence of Theyyam, people go to manthravadis and attempts to settle their problems”. This interaction between Theyyam and manthravadi is very common which prevail even now. This illustrated the kind of teamwork exist between both of them to solve many of the personal and social issues.

One of the Theyyam and sorcerer artist Kunjirama Panikkar told are that “if a person comes to me with mental disturbance, I will first look after him as a sourceres. I believe that for treating madness, manthravada is more effective than Theyyam”. Thus, the researcher feels that there is a connection between Theyyam and manthravada in dealing with madness.

The researcher observed that the majority of the Theyyam artists whom he met were practising sorcerers. At the same time, Theyyam performance has a tradition of manthravada which strengthens the whole process of healing. Raman panicker, Theyyam artist and sorcerer, Kunjimangalam, Payyannur also said

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<sup>18</sup> മരുന്നു വണ്ണാന്റെ കൈയിലും, മന്ത്രം മലയന്റെ കൈയിലും.

that “But it need not be necessary for all Theyyam artists to practice sorcery”.

#### **4.2.1.3.3.3 Preventive power of Teyyam for mental aberrations**

Teyyam season is one of the much celebrated festival time in the Northern part of the Kerala. The majority of Teyyams are performed during the November – February period every year. Teyyam is performed generally in temples, courtyard of houses or public places. People come together across age, religion, caste and region to watch and enjoy Teyyam performance. In contrast with this theatrical art forms, the participation of people is commendable. This is the time when many of the problems are settled even nowadays.

The observations note of the researcher is as follows:

The Teyyam performance in Peringottillam, Payyannur was started 8'O clock in the night. The preparations were started in the evening itself. There were eighteen different Teyyams. Some of the Teyyams were performed partly and the main Teyyams were done completely narrating the whole story. The main Teyyams were Erichodala, Chudalabhadrakali and Kandakarnan. The family where the performance is done is one of the popular families for manthravada treatment in that community, people from different parts of the village come to the house slowly. Food also was arranged by the family for the visiting people. I could see the enthusiasm in the people who came over there.

Sukesh, one of the natives of the village told me that he attends most of the Teyyams performed in his locality. He seemed to be very enthusiastic to explain the story of each Teyyam. Interaction with people who came over there gave an impression that most of them are very much enthusiastic to watch the Teyyam performance. The researcher observed that throughout the night, they were all alert and enthusiastic. While talking with the family members, they also expressed the same interest and vigour in organizing Teyyam at their place. Their relatives from the far away places also came over there to attend the performance. The researcher felt that Teyyam creates a time for family get together, sharing, happiness of meeting each other and over all, a communal harmony. Altogether, this is the time for celebration for people across age, gender, religion and caste. The researcher could observe a 'festive mood' in their interaction.

Madhu, Lecturer in Malayalam, Govt. college Payyannur, told me "during the Teyyam performance, people settle many of the social issues". A few other natives of the place also opined the same to the researcher.

#### **4.2.1.3.3.4 Images of madness**

Many of the Teyyam plots (ithivrtha) gave some images about madness. They also depict the causes of madness. Some of the plots are described below to explain the images of madness.



They are Kuttichathan, Puli maranja thondachan and Kadangothu Makkan.

## Kuttichathan and Madness

There are different versions about the story of Kuttichathan. According to Kunjirama Panikkar, Teyyam artist and sorcerer, Payyannur, “Kuttichatha, is evolved from the fire offering place of Kalakaadu family. He fought with sorcerer and asked his place in manthrashala (a place for family dieties). Namboodiri was not ready to offer it. Then, Kuttichathan became ‘mad’ and set the manthrasala and Kalakadu house into fire. At the end, he got the right to be in the manthrashala. By then, he reached the state of normally. Once this Teyyam is performed in Kalakadu family, it is observed that people who come from coorg<sup>19</sup> to watch this Teyyam, are also undergo a kind of ‘trans’ state which was somewhat similar to the episodes of Kuttichathan.

Kuttichathan is considered as one of the important deity for treating people with mental illness. One of the Thottam pattu<sup>20</sup> (a special song sung during and before Teyyam performance) shows that importance of Kuttichathan diety in relation with madness.

Kannan, Teyyam artist and folklorist, Payyannur, observed “according to the stories prevailing in this area, Kuttichathan is the son of Kalakadu Namburiri born to a woman of lower caste.

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<sup>19</sup> Coorg is a place in Karnataka state

<sup>20</sup> വരികവരികവേണം

ഭ്രാന്ത മന്ത്രക്കുട്ടിച്ചാത്തൻ തിരുവടി  
കരുണാം ബുധിയേ, കമലനിധിയേ  
ഓങ്കാരപ്പൊരുളേ, മുപ്പുരാൻ തിരുമകനേ,  
എൻ കുട്ടിശാസ്താ, മടിയൊതെ വന്ന്  
വശം ചെയ്ത സ്വാഹ.

Kuttichathan was died or killed by someone during the course of time. His body is cut into pieces and people believe that infinite number of Kuttichathans would emerge from each of these pieces. Kuttichathan asked his space in the manthrashala which the Nambudiri does not agree. In other words, Kuttichathan, was asking his rights in his father's place".

From these narrations the researcher hypothesized that the story of Kuttichathan is a representation of the oppressed community who were denied their rights and privileges by the upper caste. Through the Kuttichathan Teyyam performance, madness is represented as a state of response to the denial and rejection of the society.

### **Puli maranja thondachan**

The plot of puli maranja thondachan was also a popular one which has some elements of madness. This Teyyam is from Pulaya community. Pavithran, folklorist, Payyannur narrates the story like this. "This Teyyam is the story of betrayal. The king of Neeleswaram was suffering from a kind of anxiety (adhi). Vaidyas perscribed a specific Medicine using the hair of leopard. With his special power Thondachan become leopard. Before he became leopard, he gave some tips to his wife to make him back as a human being. The king offered half of his kingdom to Thondachan, if he could make him alright. Thus the medicine was prepared from

the hair of this leopard and the King was cured. But the King did not keep his word up and did not give half of his kingdom to Thondachan. When Thondachan went to his wife she had already forgotten the manthra to make him a human being. Thus, Thondachan had no other option and had to live as leopard forever. The story says that the King became severely 'mad' after sometime (Nattapiranth)"

This story show some of the causes of madness. It gives a lesson to the society that unsettled problems, issues and betrayal in a social setting could be lead to madness.

### **Kadangothu Makkam**

The centre of this story is an innocent and beautiful lady called 'Makkam'. She was the only sister to her brothers. Her sister in laws were jealous of her beauty and persuaded their husbands to kill their only sister. Finally, they were convinced and cut Makkam into pieces and threw her in a well over there. but after a while, all of the sister in laws their husbands became mad and then the family decided to conduct a Teyyam performance at their house.

All these narrates the fact that the plots and performance of Teyyam give some messages to society about how do problems originate in a society. The solutions for many of these problems is accommodating the betrayed and the oppressed to the mainstream society. In one way, it is the correction of mistakes

done

by the society. In that sense, such acts should extend to the  
deep

conscience of society's psyche. It also affects how does a mistake committed by the entire society may lead to the occurrence of disease.

The researcher implies here that the conceptualization of madness and its management in the context of Kerala is interwoven with social discrimination, caste hierarchy, injustice, rejection, denial of one's rights, sexuality, guilt fear etc. Madness considered by Kerala psyche as a state lending out of all these oppressed feelings, thereby placing the process of madness into a higher social plane. In other words, madness is more than social; it also has a divine and metaphysical meaning. Analysing indigenous healing practises at large, they address many of the cultural questions directly and accurately. The researcher hypothesises that this could be a reason, why the native of Kerala still opt for indigenous healing centres for the treatment of madness.

### **Section III**

#### **4.3 The emergence, establishment and practice of Psychiatry in nineteenth and early twentieth centuries in Kerala**

What if I went as a wandering scholar  
To trace the past ages ,the greed of mankind ?  
Yes, that's it! There's my place....  
I'll follow the course of the human race  
I'll float like a feather on history's stream  
Relive it all as if in a dream...  
But as an onlooker safe in thought ...  
In short ,I'll skim off history's cream  
(brushing a tear from his eyes .)  
That's in the spirit of pure research

(Ibsen cited from Young,1992 p135)

Lunatic asylums began to emerge in India towards the end of 18<sup>th</sup> century. It came to existence in India as part of modern scientific movement. Bynum et al (1983) observed “during a period when the asylums took on “a status as panacea equivalent to the steam engine, the rights of man, or the spread of universal knowledge” (Bynum et al 1983, p 3). Basu observed the journey of Lunatic asylums started way back in 1740s, when in Bombay (now Mumbai) back of a hospital was converted to a place specified for lunatics at the cost of Rupees 125 Anna and paisa 45 while these facilities started for soldiers and sepoyees, by 1820, colonial

government has organized many asylums in each of its presidencies at Bengal, Madras, Bombay and that too for criminals and freely wandering insane Indians and Eurasians of lower rung (Basu, 2004, p 249). Ernst (1997) observed that Asylum establishment intended to treat both Indian and European insanes. He noted, medical and public opinion had come to believe that madness could be cured and that confinement in an institution could not fail to be beneficial both for European and Indians. Furthermore, Europeans in India could not usually rely on any family or parochial networks, so the East India Company had to assume responsibility and increasingly make institutional provision for these employees until they could be sent back to Britain.

One axiom of Colonial medical discourse in 19<sup>th</sup> century British India was the presumed superiority of scientific medicine over indigenous medical systems. Scholars observed that psychiatry achieved this superiority through a negotiation between the indigenous tradition and scientific knowledge. Hochmuth (2006) noted the diffusion of scientific medicine was not so much a one-way transfer from the metropolis (Britain) to the periphery (British India), but rather a reciprocal process. Sanjiv Kakar's study on leprosy asylums in India also stresses the importance of this interaction. He pointed out that indigenous patients played a central role in influencing and modifying the culture of leprosy asylums (cited from Hochmuth, 2006). Basu (2004) also observed



in the similar line. He pointed out that, “during its course of journey from lunatic asylums to mental hospitals, while treating mentally ill people under colonial order, a kind of knowledge was organized which was different from its origin. This shift occurs in a context where the claimed universal (and superior) knowledge had to negotiate with two different kinds of resistance. One was coming from the encounter with the mad native man/ woman and their culture of colonialism itself”. So the knowledge generated in the practices of asylum bears its mask of specificities arising from these two kinds of correspondence.

One of the difficulties faced by the researchers who attempt to analyze the asylum record is the nature of colonial documentation. As Mills (1999) pointed out that the asylum records cannot be analyzed to provide any useful or reliable data about the actual nature of ‘madness’ in nineteenth century India. The sources are products of what he describes as ‘colonial fantasy’ words of the imagination that only tell us about the preconceptions of the British medical officers placed in charge of the insane. The documents analyzed for the present study also face the same problem. The present study consulted largely on the asylum records of Calicut, Cochin and Travancore. The Surgeon generals of the government of Madras mainly wrote the reports about Calicut asylums. Those reports obviously reflect the colonial view of the British doctors about the insanity and its treatment in colonial India. Another issue

faced by the researcher in this study was the less documentation of Cochin and Travancore Asylums about madness and its treatment.

#### **4.3.1 History of Lunatic Asylums in Kerala**

Kerala was very rich in its socio-cultural tradition. As I noted before the organized and unorganized practices for treating mental illness were existed in Kerala much before the introduction of Western based psychiatric practices. An organized medical practice like Ayurveda was prevalent in Kerala before the Western medicine comes to existence in the state. As I noted before the contributions of Kerala scholars to the Ayurveda practices are well-discussed matters in the medical history. The Ayurveda texts namely *Sahasra Yogam*, *Dharakalpam*, *Vaidya Yogamrutham*, *Sarvaroga Chikilsarathnam* are proved the fact that Kerala has a unique tradition of Ayurveda treatment. These texts give the detailed description of mental illness and its remedy (*unmadha chikitsa*).

Apart from the medical practices like Ayurveda and Vaidya practices, Kerala has also a rich tradition of festivals and ritual art forms. These festivals and ritual art forms were the integral part of the cultural psyche of Keralities. Many times these festivals and ritual art forms were acted as a preventive strategy for mental disturbances. So in contrast with the west the history of healing tradition of mental illness in Kerala was not just a history of witchcraft and witch hunting. There were heterogeneous healing

practices for treating mental aberrations. It doesn't mean that mentally ill were not treated badly in Kerala before the colonialist came. There were stories about casting out the evil spirits using beating and other powerful mechanisms. But in general society takes the responsibilities of the person suffering with mental illness. It is not to glorify the past but to mention the heterogeneity in the traditional healing practices. The 'episteme' of the traditional healing practices were highly correlated with folk understanding about the people. Arrival of new knowledge of psychiatry to the soil of Kerala not only created anxiety and disjuncture among the natives but also engulfing these existing healing practices.

#### **4.3.2 History of western medical care in Kerala**

Kerala has a history of organized health care. Before the advent of European medicine, families of practitioners of indigenous systems like *Ayurveda* handed their traditions from generation to generation. People were accustomed to approaching caregivers when they were sick, rather than turning to self-treatment. When the colonial powers established their presence in the region, they brought their medical system with them. In the 19th century, the princely rulers of states of Travancore and Cochin (which later were integrated into the state of Kerala along with the Malabar district of the Madras presidency in British India) took the initiative in making the western system of care available to their subjects.

According to Travancore state manual, the western system of medical treatment was introduced in the Travancore State during the reign of *Rani Gauri Lakshmi Bayi*.<sup>1</sup> The advantages of this method of treatment were at first confined to the members of the royal family and the officers of the government. With a view to protect her subjects from out-breaks of small-pox which was frequent in those days, Her Highness sanctioned the establishment of a small vaccination section in 988 M.E (1812 AD). As the people showed signs of alarm, the members of the royal house got themselves vaccinated first. *Rani Parvathi Bayi* established a charity dispensary at Thykad where convicts in the jails were among the first to be treated. In 994 M.E., (1818 A.D) two small dispensaries were opened, one in the Palace and the other within the premises of the Nayar Brigade barracks. A free dispensary was opened at Quilon under the supervision of the military medical officer there.

In 1012 M.E., (1836 A.D) *Swathi Thirunal Maharaja*<sup>2</sup> established a charity lying-in hospital at Thykad. His successor, Uthram Thirunal Maharaja, took a special interest in the western medical sciences, studied the subject and found pleasure in treating case in the dispensary attached to the Palace. His Highness also trained some of his servants so as to be helpful to

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<sup>1</sup> The queen of Travancore

<sup>2</sup> The king of Travancore State

him in the treatment of diseases. The dispensary thus started by His Highness continued to work under the name of “Elaya Raja’s Dispensary” until the Fort Dispensary was established. Seven hospitals were opened in different parts of the State before His Highness’s death in 1036 M.E. (1860 A.D.)(Velupillai, 1940 p208)

#### **4.3.3 Establishment of Lunatic Asylum in Travancore**

Several changes were introduced in the year 1044 M.E. (1868-1869). An experienced Ayurveda physician was added to the staff of the Civil Hospital. A lunatic asylum was also started (Velupillai, 1940 p209).

As early as 1869 A.D., the want of separate accommodation for the treatment of insane patients was keenly felt and a building near the Civil Hospital, Trivandrum (now General Hospital) was purchased for the purpose. **The order for the establishing a new asylum in Trivandrum was issued on 11<sup>th</sup> July 1866 (General files, 15883, Trivandrum central archives).** The order is attached in the appendices. The same building is now used as the Mint. The building was fitted up to serve as a temporary lunatic asylum. A separate asylum was opened for the female lunatics between 1878 and 1879. Between 1903 and 1904, the work of the commodious building at Ulampara, outside the limits of the capital, intended to be the lunatic asylum was completed and the lunatics were removed to the same (velupillai, 1940 p217).

The same lunatic asylum was changed into “The Hospital for Mental Diseases” during the year 1921. This change is significant since the idea of this institution as an asylum for the patients from the adverse reactions of the word has been changed to that of hospital for patients with recognizable disease forms which can be treated successfully or whose condition may be ameliorated. They may be made to feel more at home in a world of their own with the adverse factors removed. This idea will evidently cause an unconscious influence on the public mind since a brighter outlook on the fate of the mental patients is foreshadowed by the change in name. A feeling of helplessness is induced by the fatal view that the origin of mental diseases is dependent on the visitation of the gods on some unfortunate sections of humanity or on some karma (Velupillai,1940 p218).

#### **4.3.4 Establishment of Lunatic Asylum in Cochin State**

The western medicine comes to Cochin State in form of vaccination. "The people of the west coast dreaded small pox as much as they disbelieved in vaccination" (Menon, 1911 p.366), the combined result of which was that, whatever the disease broke out in an epidemic form. It decimates the population, as it did in the years 1848,1861,1874 and 1893.

#### **Vaccinations**

“The people had not only no faith in vaccination, but dreaded it as much as the small pox itself, and it was only when English Education made some progress in the state that they began to realize the advantages of it .” (Menon, 1911 p366).

### **Indigenous practice**

The west coast countries have always had a plentiful supply of indigenous Medical practitioners. Medicine has, from time immemorial been the hereditary occupation of certain well-known Numbudiri<sup>3</sup> families. All the members of these families had to and did devote their exclusive attention to the study, practice and teaching of the Ayurvedic Science, and their numerous pupils of all castes carried the healing art to every town and village in the country. (Menon, 1911, p.367). They were not skilled in surgery, but as physicians they enjoyed and still enjoy considerable reputation for their skill in curing diseases.

The medical herbs, which abound in the forests and the plains of this coast are largely used in their preparations, such as decoctions, mixture, electuaries, confection, powders, pills and medicated ghee and oils. "Notwithstanding the ever-increasing popularity of European Medicine, the native practitioner is still very much in requisition, especially rural parts among the middle classes. The well to do people in towns generally resort to European treatment as they can afford to pay for it, while the

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<sup>3</sup> Brahmin

poorer classes go to the nearest *sirkar hospitals*<sup>4</sup> as dispensary where they are treated free (Menon, 1911 p368).

#### **4.3.5 Introduction of European treatment**

The first attempt too introduce European Medical treatment into cochin was made by a missionary Rev. J. Dawson, who opened a dispensary in Mattancheri in 1818. Though it received a monthly grant from the sirkar. It did not prove a success, and was closed after a short existence of two or three years (Menon, 1911, p.368).

In 1892, a small lunatic asylum was opened at Trichur with accommodation for 14 patients and was placed under the medical subordinate in charge of the local hospital (Menon, 1911p.369).

#### **4.3.6 Establishment of Lunatic Asylum in Calicut**

The calicut Lunatic Asylum opened in the year 1872 (Annual report of Lunatic Asylum 1873 p.15)-It was the decision of colonial government to introduce asylums in its various presidencies.

#### **4.3.7 Textual and thematic analysis of emergence, establishment and practice of Psychiatry in nineteenth and early twentieth centuries in Kerala**

To approach the third objective which states that to explore the emergence, establishment and practice of Psychiatry in nineteenth and early twentieth centuries in Kerala, the present research analyse the available archival document related to Asylum

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<sup>4</sup> Government hospitals



and Asylum practice in Kerala Based on the analysis of the archival documents available on the three mental asylums Calicut, Travancore and Thrissur, the researcher identified various categories and themes on the asylum practice in nineteenth and early twentieth centuries in Kerala. The Archival documents are rare in number about Travancore and Thrissur asylum .But properly documented detailed reports available on Calicut mental asylum which was under Madras Presidency in colonial India

The primary data obtained from the archives of Thiruvananthapuram, Cochin and Calicut are subjected to textual and thematic analysis. The major categories and final themes emerged are represents in the table 4.5

Table4.5: Textual and thematic analysis of emergence, establishment and practice of Psychiatry in nineteenth and early twentieth centuries in Kerala

Categories	Themes
Less number of admissions	Absence of great confinement
Resistance from the native	
Culturally contrasting criteria of mental illness set by British	
Civilizing mission of psychiatry	
Classification of mental disorders followed in Asylums	New typology of psychiatry
Conflict between psychiatry and indigenous healing tradition	
Influence of organic approach	
Major causes of insanity	Crisis of unknown causes
Increased number of unknown causes	
Dominant physical causes	
Medical treatment	Treatment of insanity
Moral treatment	
Combination of medical and moral treatment	
Increased number of death	Unsettled issue of mortality
Unknown causes of mortality	
More youngsters in the asylum	Age of insane
Middle aged and old aged	
Details of the religious groups	Classifying patients on the basis of religion
Discriminating inmates based on religion	
Medical team	Administrative structure
Employees	
Various lunacy acts	Law and insanity in colonial asylum
Complimentary nature of law and insanity	

#### **4.3.7.1 Absence of Great Confinement**

Foucault (1967) in his classic work on madness and civilization: A history of insanity in the age of reason observed that after enlightenment there was an enormous houses confinement for mentally ill people. He pointed “It is less commonly known that more than one out of every hundred inhabitants of the city of Paris found themselves confined there, within several months” (Foucacut, 1967, p 35).

The work of Foucault explains the confinement and its relation with the economic crisis in Europe. But he kept a silence against companionship between psychiatry and colonization. He also did not address the question of interaction between psychiatry and indigenous healing traditions. These questions are relevant to address the asylum practices in a country like India, which has a rich and diverse tradition of healing.

Annual Reports on Lunatic Asylum Calicut under Madras Presidency found to have important details with many statistical tables. It mainly included number of admissions, types of insanity, causes of insanity, physical condition of patients on admissions, social conditions of the patients, religion and socio economic status of the patients, causes of mortality, details of criminal insane, diet control and details of expenditure.

In contrast with the Asylum history in West, the number of patients admitted in the lunatics Asylum of Kerala was less in number. It need to be analysed the specific cultural context of Kerala. As I mentioned before, the Lunatic asylum in Calicut was established in the year 1872. The detailed report of the asylum is available only from the year 1873. According to the report of 1873 it has been found that 75 patients were treated in the year 1873 (Annual Report of the Lunatic Asylum in the Madras presidency, 1873 p 12). Among this 75 patients 48 were admitted in the year 1873 and the rest were remained from the previous year. Among the newly admitted 48 patients 37 were males and 11 were females. The number of total treated Europeans and Eurasians were 4.

The analysis of the later years prove the fact that the number of admissions are increasing in Lunatic Asylum in the first few years thereafter there is no much increase in the number of new admissions. The report of the year 1877-78 shows that there is an increase in the total number of patients treated in the year 1877-78 .The total numbers of patients in the year is found to be 96. Among these 96 patients 72 were male and 24 were females (Report of the Lunatic Asylum, of Madras Presidency, 1877).

Table 4.6 The number of patients treated in the Lunatic Asylum at Calicut from the year 1878- 1902.

Year	Remained in the Asylum			Newly Admitted			Total population		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1878	33	13	46	14	4	18	47	17	64
1879	28	13	41	17	3	20	45	16	61
1880	34	13	47	17	12	29	51	25	76
1881	37	18	55	29	7	36	66	25	91
1882	48	17	65	34	9	43	82	26	108
1883	63	23	86	33	12	45	96	35	131
1884	74	26	100	37	12	49	111	38	149
1885	83	31	114	22	10	32	105	41	146
1886	79	30	109	8	1	9	87	31	118
1887	76	26	102	41	3	44	117	29	146
1888	98	27	125	24	8	32	122	35	157
1889	102	27	129	14	12	26	116	39	155
1890	106	34	140	28	16	44	134	50	184
1891	100	36	136	32	7	39	132	43	175
1892	109	32	141	17	4	21	126	36	162
1893	58	23	81	23	5	28	81	28	109
1894	57	23	80	39	5	44	96	28	124
1895	72	25	97	30	11	41	102	36	138
1896	75	26	101	22	5	27	97	31	128

189 7	69	25	94	19	4	23	88	29	117
189 8	63	20	83	9	3	12	72	23	95
189 9	54	20	74	21	11	32	75	31	106
190 0	56	24	80	21	9	30	77	33	110
190 1	63	26	89	25	8	33	88	34	122
190 2	68	25	93	24	14	38	92	39	131
Tota l	170 5	603	2308	600	195	799	230 5	798	3103

Analyzing the 25 years' report of Lunatic Asylum, it has been seen that the number of patients in lunatic asylum were not increased drastically in the last half of 19<sup>th</sup> century and the initial years of 20<sup>th</sup> century. From the analysis of the 25 years of the Asylum report shows that the total number of patients treated in the Lunatic Asylum from 1878 to 1902 is found to be 3103. Among this 2305 are male and 798 are females. Figure 4.1, 4.2, 4.3 and 4.4 shows the diagrammatic representation of the data.

Fig. 4.1: The number of patients treated in Lunatic Asylum Calicut from 1878-1902

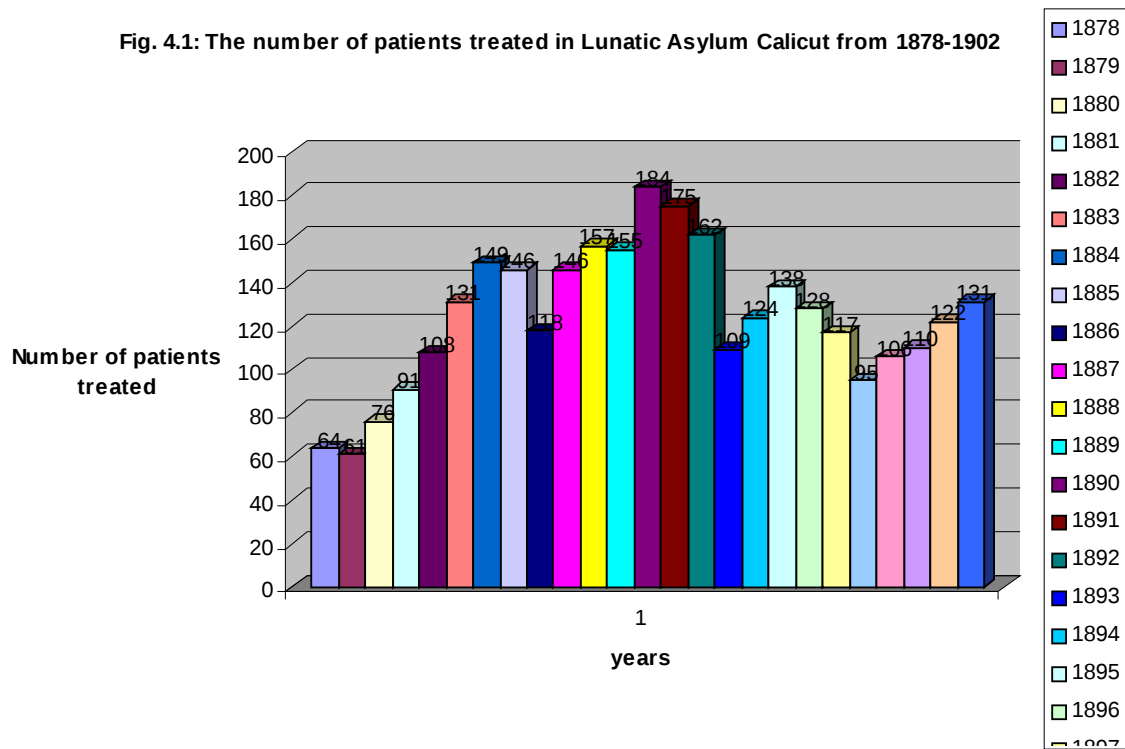


Fig. 4.3: The total number of patients remained in Calicut Lunatic Asylum 1878-1902

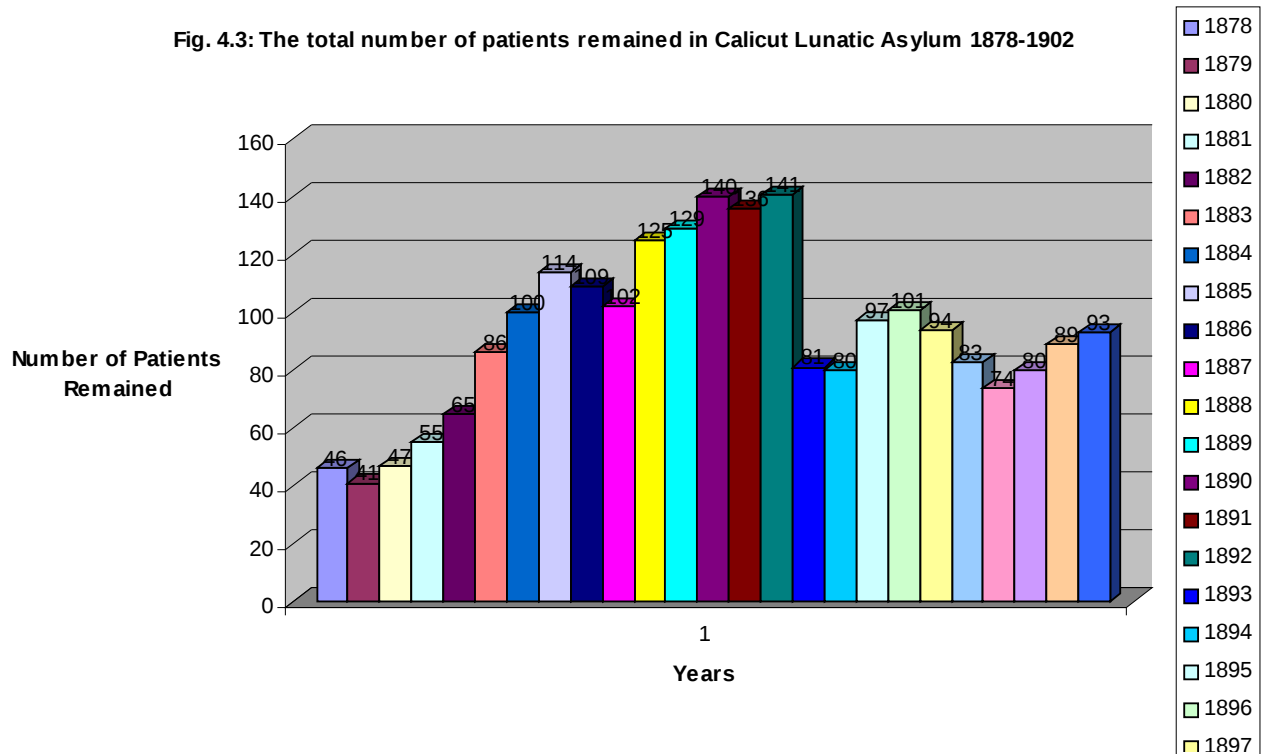
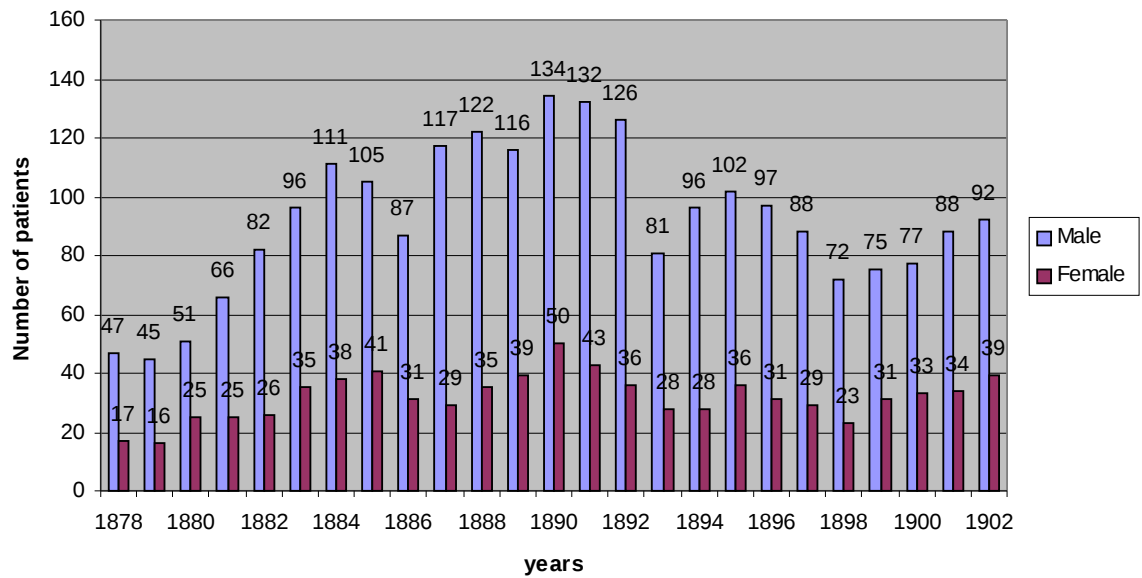


Fig. 4.4: The total number of males and Females treated in the Lunatic Asylum Calicut 1878-1902





The graphical representation of total population of Lunatic Asylum from 1878 to 1902 shows that in the first few years there were gradual increase in the number of native inmates in the lunatic asylum later there is no much increase in the number of patients admitted in to the Asylum.

Analyzing the newly admitted patients in the Lunatic Asylum during the period of 1878- 1902, it has been found that in the initial years, there was a steady progress in the number of newly admitted. But as years passed by, we could observe a fluctuation in this trend. There was no drastic ups and downs in the pattern of newly admitted patients.

The number of patients remained in the Lunatic Asylum is represented in the Figure 4.3. This shows that in the initial years, there was a gradual increase in the number of cases remained in the asylum. But during 1890 and 1891, this number was found to be increased suddenly. But after this, a decline happened; at the same time, it has been found that there was always a steady number of insane occupied in the asylum.

Considering the total number of male and female patients treated in the Lunatic Asylum, Calicut from 1878-1902, it has been observed that the number of male patients always outweigh the number of female patients. This has been a steady trend all

through the years. But from 1898 to 1902, there was a slow increase in the number of female patients admitted.

Table 4.7: The total patient treated from 1909 – 1915 in the lunatic Asylum at Calicut.

<b>Year</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Died</b>
1909	121	42	163	6
1910	132	46	178	9
1911	130	53	183	7
1912	138	51	189	22
1913	140	58	198	16
1914	141	49	190	26
1915	126	51	177	25
Total	928	350	1278	111
Percentage	72.61 %	27.39 %	100 %	8.69 %

The analysis of the above table also shows that there is no much increase in the number of patients treated in the Lunatic Asylum during 1909- 1915.

Surgeon Generals of Madras presidency explores the reason for the less number of inmates in Madras asylum in general. Fabeck, Surgeon, General of Madras Presidency expressed his apprehension about the less number of admissions in the Lunatic Asylum of Madras Presidency. He observed:

*"It would appear that there has not been an increase of insanity amongst the people of this presidency during the last ten years proportionate to the increase in the population. This would be at variance with the experience of European Countries, where an increase in population is found to correspond with an increased number of lunatics. In this country, however, the admission into lunatic asylums afford no accurate index of the amount of insanity prevailing amongst the civil population: the higher caste Hindus are much averse to their relatives being confined in public institutions, where they may have to associate with others of lower caste. There are (it may reasonably be expected.) Doubtless a large number of insanes amongst the native population, who are kept under restraint in private houses, and of whom the police authorities have no knowledge. Making all allowances for caste prejudices, it is however, a remarkable fact that the lunatic statistics in this presidency do not exhibit a more marked increase in the number of instances amongst the native population for the last ten years."*(Annual Report on the Lunatic Asylums in the Madras presidency, 1890, p 3-4)

Surprisingly after 22 years of Fabeck's remark W.B. Bannerman Surgeon General of Madras presidency expressed the same concern. He observed that *"At the last census of the Madras*

*Presidency 8,407 persons were returned as insane – a proportion of 23.2 per 100,000 of the total population – an extraordinary low rate of incidence when compared with that which obtains in European Countries. On the 1<sup>st</sup> January 1912 the total number of certified insane persons in England and Wales was 135, 661 and the proportion of certified insanes to the estimated population was 371.2 per 100,000. As pointed out by Mr. Molony, in his interesting census report, there is little doubt that the prevalence of insanity amongst the people of this presidency is grossly understated in Europe in former times. It is not necessary for our purpose to refer back to medieval times when insanes were regarded as bewitched or possessed of evil spirits. If refer back only half a century to the year 1859, we find that the reported insanes in England then only amounted to 186.7 per 100,000 of the total population, or about half the present proportion". (Lunatic Asylum, Madras Presidency, 1915, p 3)*

The apprehension of Fabeck and Bannerman is relevant to understand in the highest resistance of the natives towards the new science of mind. Both reports took a critical stand against the folk knowledge of the native about the mental illness. It emphasized the ignorance of the native insanes.

But in contrast with Fabeck, Bannerman observed that the number of insanity rate is increasing among the Brahmins:

*“There is high rate of insanity amongst the Brahmin community, as compared to other sects of Hindus. Here it is obviously a question of standard. The Brahmin works with his brains rather than with his hands, and the line between the mentally efficient and mentally inefficient is drawn at a higher level”.* (Annual Report of Lunatic Asylum, Madras presidency, 1914, p 4)

The Asylum stories from other part of India also reflect the similar kinds of concern from the British doctors. Mills (2000) in his significant work on Madness, Cannabis and Colonialism: The native only Lunatic Asylum also analyzes the absence of any great confinement of the insane in colonial India. James Mills noted, only about 2750 lunatics were confined across the whole British India by 1880, despite the recent rapid growth in their numbers. Mills does not really address the question of why so few were locked up as lunatics. But using extensive case notes from the Lucknow Lunatic Asylum from 1859 to 1872 he is able to mine a rich seam of information about the individual who did become part of the asylum system and to further supplement this with official reports and correspondence mainly relating to north India.

The lengthy report of Fabeck and Bannerman reveals the frustration against the natives and their resistance to the new endeavors, of modern psychiatry. Throughout their report

Bannerman and Fabeck took a critical stand against the indigenous belief system of natives. The narratives from other parts of India also show similar kinds of anxieties and concern of British doctors about the mental health of natives. (*Basu ,2004*)

All these reports prove the fact that the purpose of psychiatry was to bring a westernized standard for understanding the concept of mental illness and its treatment. Establishment of Lunatic Asylums served the function of bringing 'true standard' into the treatment of insanes. The standards seem to be contradicting with the existing 'epitome' of the people about mental illness. The purpose of introducing psychiatric treatment in various presidencies itself was to bring standard criteria for treating insanes.

These standards were seemed to be unspecific and sometime irrelevant in the cultural contexts of Kerala.

### **Resistance from the Natives**

The detailed report of Lunatic asylum in the other part of the state (Cochin and Travancore) is not available. So it is very difficult to reach a conclusion about the total number of patients treated in these asylum during the last phase of 19<sup>th</sup> century. But some case notes about Travancore Lunatic Asylum shows the similar resistance from the part of patients and their family as well.

### **The case of Madhavan Iyyappan**

The case of Madhavan Iyyappan is relevant to analyse in this context. According to the correspondence between Madhavan Narayanan (elder brother of Madhavan Iyyappan) and Diwan of Travancore, Madhavan Iyyappan was an insane admitted in Travancore Lunatic Asylum in the year 1889. After four weeks of treatment Madhavan Narayanan wanted to release his brother from the Asylum. The authorities of the asylums were unwilling to do so. In that ground he filed a petition to Diwan against Asylum authorities to release his brother from the Asylum. The Diwan of Travancore exchanged letters with the Durbar physician Esmond White about the possibility of releasing Madhavan Iyyappan.

Durbar physician was not ready to release Madhavan Iyyappan from the Asylum. He argued that Madhavan Iyyappan is not fit enough to release from the Asylum. In the next correspondence Diwan of Travancore requested Durbar physician to release of Madhavan Iyyappan. He noted, Madhavan Iyyappan is confined in the Asylum not for any criminal offences and his brother is ready to take care of him from any troublesome acts to the public. In that ground Diwan, also argued that there is a rationale for releasing Madhavan Iyyappan from the Asylum.

Responding to the letter of Diwan, Dr. White expressed his disagreement to release Madhavan Iyyappan from the Asylum. In

the letter White remind Durbar physician about the need to protect the law in Asylum practice, He clearly stated that admitting and discharging patients were the duty of the doctor and he is not ready to discharge him until his state is better according to the medical point of view. Finally Diwan of Travancore communicated with Madhavan Narayanan that according to the medical officer Madhavan Iyyappan's state is improving and once he safe to be released, he would be discharged from the Asylum. (Bundle 42 Coverfiles, 1889)

(The related files were in brittle condition, so unable to include the original copy of the correspondence. But the important contents in the letter are added here.)

### **Letter 1**

To His Excellency,

The Dewan of Travancore, the humble petition of Madhavan Narayanan of Nellikasery Veedu, Cottukal,

Most respectfully sheweth.

The petitioner humbly begs to submit to Your Excellency's kind consideration the following lines. That in the month of Midhunam last, the petitioner took his brother Madhavan Iyappan who was laboring under lunacy, to the lunatic asylum for treatment and a week or two after the patient was admitted therein, he was cured of his lunacy. Fearing that any unnecessary confinement in the lunatic asylum will again tell upon his health, the petitioner is very desirous of taking him home. The petitioner is even willing to bind himself by an agreement, if necessary as to the personal security of the patient as well as any public nuisance.

In conclusion, the petitioner begs that Your Excellency will be kindly pleased to issue an order to the doctor to make over the patient to the humble petitioner and thus redress his grievances.

For which act of charity the petitioner shall as in duty bound ever pray.



31<sup>st</sup> Avani 1065

Sd/Madhavan Narayanan.

## Letter 2

From

The Diwan of Travancore

7<sup>th</sup> September 1889

To

The Durbar physician

Whether Iyyappan is in a fit to be released from the lunatic Asylum?

Travancore

The Diwan of

Sd/

## Letter 3

20<sup>th</sup> September 1889

From

Durbar Physician

To

The Dewan of Travancore have the honor to acknowledge receipt of your letter; dated 17<sup>th</sup> September. According to the medical report Madavan Iyyappan is not fit at present to be discharged from the lunatic asylum. I have informed the petitioner of this on one or two occasions.

A. S. Esmond White

Surgeon Major

Durbar Physician

## Letter 4

From

27<sup>th</sup> September 1889

The Dewan of Travancore

To

Madhavan Narayanan

Petitioner is informed that from the Durbar Physician's report on the subject it is observed that the patient is not in a fit state to be discharged at present.

The Diwan of Travancore

Sd/

## Letter 5

From

5<sup>th</sup> October 1889

The Dewan of Travancore

To

Durbar Physician, FRCSI

The petitioner persists in taking his brother out of the asylum and promises to bind himself to look after him. The patient, I find, is not lodged in the asylum for any criminal offences nor does he appear to have been sent by the police as being dangerous or troublesome to the public. The petitioner states that he was merely brought there by himself as a private patient. In these circumstances, I am not sure whether we have the right to keep him longer in the asylum unless you are of opinion that he is dangerous to the public. The petitioner agrees to bind himself to take care of him.

The Diwan of Travancore

Sd/

## Letter 6

From

7<sup>th</sup> October 1889

Durbar Physician

To

Diwan of Travancore

Sir,

I have the honor to acknowledge receipt of your letter, No. 4803/J1803 of October 5<sup>th</sup> and to refer you to marginally noted correspondence. 2. Hitherto patients were received in the asylum when brought by anyone to the door and stating they were insane. Any persons admitted in this way are released on request of those who brought them. But, now I only admit patients on receiving a certificate of insanity from one of the government medical officer and the man referred to in your letter was thus admitted. 3. Rules and regulations must be made and carried out in this institution and the asylum cannot be made a temporary rest house to suite the convenience of those with insane relatives. Many people wish to bring their insanes and leave them while they go on a journey and then take them away again. Although I am always only too anxious to allow out any of the inmates, I cannot see my way to admitting and discharging patients until sufficient time has elapsed to allow of forming some opinion of their state. 4. The man in question is improving and will be discharged as soon as ever I consider it safe to do so.

A S Esmond White

Surgeon Major

Durbar Physician

## Letter 7

From

15<sup>th</sup> October 1889

The Dewan of Travancore

To

Madhavan Narayanan

Nellikasery Veedu,

Cottukal

In continuation of the office endorsement No. \_\_\_\_\_ on the subject of the release of petitioner's brother from the lunatic asylum that officer has reported that the man is improving and will be discharged as soon as it may be safe to do so.

(Serial 2886/file 3634/bundle 141/1889)

Analysis of this case gives light to the state of affairs in colonial psychiatric treatment in the nineteenth century, Travancore. It not only reveals the resistance of the patients' family towards Asylum treatment but also the relationship between doctor and patients and local government in the colonial context of Kerala. Analysing the letter clearly shows that the family members are not satisfied with the asylum treatment. Madhavan Narayan (the elder brother of the patient) expressed his fear about the unnecessary confinement of patient in the asylum. And he assures the authorities that he is ready to provide all personal security to his brother. But the interesting question is why the durbar physician is so indisposed to release the patient from the Asylum.

The Durbar physicians' argument was mainly from two grounds. One is, the patient is not fit to be released from the Asylum. Without proper state of health, a doctor cannot agree to discharge his patient. The second argument is about protecting the rules and regulations followed in Asylum treatment. The first argument seems to be the anxiety of a good doctor to take care of his patient. One must have conjecture that the act of the Durbar physician is just the right act of a good Samaritan. But the second argument showed that Dr. White's concern was not about the state of health of the patients but he was more 'concerned' about the rules and regulations. Surprisingly he reminded the Diwan (the representative of the state) about the proper execution of the law in the Asylum affairs. The word of the Durbar physician shows that the representatives of the colonial Government had an upper hand over the psychiatric treatment in the Asylum. The local state government was just a body to execute the policies of British company.

The colonial Government and their policies challenged the freedom and the rights of the patients. In a colonial context like India the present case shed light into the relationship between medical discourse and colonialism. In other words colonialism and medical discourses are interrelated to each other in the context of British India.

After analyzing large archival documents of asylums in British India Mills (1999) concluded that there is plenty of evidence that British authorities were intent on creating institution in India where those among the local populations that they deemed to be mentally ill would receive treatment. Recovery from illness was seen as the ultimate goal. Mills argued that through this treatment colonialism in companionship with psychiatry achieved its project of controlling and reforming the Indian inmates in the Lunatic Asylum. The case of Madhavan Iyyappan also proves the fact that in the name of law and regulation Madhavan Iyyappan lost his freedom to be discharged from the Asylum.

Observing the case of Madhavan Iyyappan, it has been found that the native patient's resistance towards the Asylum treatment was controlled by the colonial power in the name of the law and regulation and humanitarian concern of psychiatry about the health and betterment of the patient. It also reveals the colonial power over health and body of Indian insane. We have to read the concern of Surgeon General Febeck and Banner in the same ground. The Asylum treatment in 19<sup>th</sup> century Kerala shows the interference of psychiatry to the freedom of patients and family to decide about the insane's treatment. The role of the family to look after their insane relatives was replaced by the colonial administration. The psychiatry achieved their power over the native inmates in the name of scientific mission and its progress.

The case of Madhavan Iyyappan shows that this could be the first protest from a family member of an insane against the Westernized psychiatric dominance in Kerala in the form of a petition. In that sense the case of Madhavan Iyyappan need to be further studied historically in relation to law and regulation executed by the psychiatric practice in Kerala.

#### **4.3.7.2 New Typology and Causality of Psychiatry**

The establishment and practice of new asylums in different parts of the world was the project of modern scientific revolution. The issues and problems brought by the modern scientific movement were different from culture to culture.

Analysing the types of insanity and its causation in 19<sup>th</sup> century Asylum in Kerala it has been found that the organic approach was dominated in the theory and practice of mental illness. The development of organic theories in the field of psychiatry tremendously influenced the psychiatric practices in the colonial period in Kerala.

According to Alexander and selensnick (1967) the work of Darwin on origin of species, Louis Pasteur on germ theory, Mortiz Ramberg on Neurology and Griensing's outstanding contribution to the study of infectious diseases and mental diseases influenced psychiatry forming the understanding about physical causation of mental disturbances and its treatment.



Henry Maudeley (1835-1918) also believed in the similar line of Griesinger, that insanity is fundamentally a bodily disease, and he had even less use for Romantic metaphysical speculation about mental illness. (Alexander & Selensnick, 1967).

In the latter part of the nineteenth century medical science was devoted in intensive study of pathological anatomy and biochemical investigations carried on by men of great acumen.

### **Contribution of Kraepelin's typology of insanity in the Asylum practice**

One of the significant theories developed in the last phase of nineteenth century was Emil Kraepelin's theory of classification of mental disorders. Emil Kraepelin criticized the early nineteenth century psychiatric theory of mental illness and established a new classification of mental disorder. He demonstrated repeatedly the importance of utilizing in psychiatry the medical approach of detailed observation, careful description and precise organization of data. Without this orientation psychiatry could never have become a clinical, disciplined specialty of medicine.

Kraepelin differentiated dementia praecox from manic-depressive psychosis on the basis of prognosis. He believed that a patient rarely recovers from dementia praecox, where as a patient may recover completely from manic-depressive psychosis in which there are severe depressions alternating with periods of excitation

as well as periods of relative normality. Kraepelin's stress on the morbid outcome of dementia praecox led to a fatalistic compliance with a predestined course. Once the label dementia praecox had been affixed to a person he became a case number awaiting the ultimate fate of deterioration. Custodial care, even though it was humane, did not change the nihilistic attitude of the staff caring for the unfortunate victim.

His work is the culmination of antipsychological era that began with Griesinger's influence and continued to dominate the science until Freud's dynamic motivational approach revived interest in the patient as a unique person with a unique history. Kraepelin's work is also a culmination of the neurophysiological approach. He regarded psychological manifestations of mental disease as nothing but a basis for classification. At the beginning of his career he thought heredity caused mental illness; later he assumed an underlying although indemonstrable, disturbance of body metabolism.

Kraepelin was also interested in toxic conditions such as alcoholism, in which the chemical causal factor is of outstanding and demonstrable significance. His whole theoretical orientation was such as to prevent him from recognizing that repeated emotional experiences may have an even more destructive,

although more subtle, effect upon mental functioning than alcohol (Alexander & Selensnick, 1967, p 165).

Kraepelin assumed that there were a discrete and discoverable number of psychiatric disorders. Although he recognized that some symptoms could occur in more than one disorder, he argued that each disorder has a typical symptom picture. He also believed that the different disorders were associated with different types of brain pathology and with different etiologies. On this view, the first step towards discovering the causes of mental illness was to identify the different disorders on the basis of their symptoms (Bentall, 2003, p 13). Kraepelin's idea opened up a new understanding of the types of insanity and its causation.

The psychiatric practices in India was just transplanted these ideas and concept of organic approach and implemented in treating mentally ill people. Analyzing the asylum document it has been seen that the cultural specificity of these theories were questionable. Even though, these theories were culturally unspecific, colonial psychiatry framed their practice based on these theoretical assumption .It raised new questions about the typology and causation of mental illness in the context of Kerala.

Analyzing the report of Calicut Lunatic asylums it has been found that the insanity classified into 9 major types viz., Mania,

Melancholia, Dementia, Idiocy, Epileptic insanity, Toxic insanity, Morbid changes in brain, consecutive insanity from fevers & visceral inflammation and other forms of insanity. The following table shows details of these types of insanity from 1890-1900.

Table 4.8: Types of mental illness found in the Lunatic Asylum at Calicut from 1890-1895

Year	Mania		Melancholia		Dementia		Idiocy		Toxic insanity		Morbid changes in brain		CIF <sup>5</sup> VI		Epileptic Insanity		Other forms of insanity		Not yet diagnosed		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1890	62	34	13	3	49	12	-	-	2	-	-	-	7	-	2	-	-	-	-	-	13	4	184
1891	63	30	13	3	45	10	1	-	2	-	6	-	3	-	2	-	-	-	-	-	13	2	175
1892	64	26	12	2	37	8	1	-	6	-	1	-	3	-	2	-	-	-	-	-	12	6	162
1893	33	17	7	2	26	7	1	-	13	2	1	-	-	-	-	-	-	-	-	-	81	28	109
1894	46	17	10	2	21	7	2	-	14	2	1	-	-	-	1	-	1	-	-	-	96	28	124
1895	40	22	13	2	21	7	2	-	19	4	3	-	-	-	4	-	1	-	-	-	10	2	138
Total	308	146	68	14	199	51	7	8	58	8	7	6	13	-	11	-	2	-	-	-	67	22	892
Grand total	454		82		250		7		66		7		13		11		2		-		892		
Percentage	50.89		9.19		28.02		0.78		7.39		0.78		1.45		1.23		0.22		-				

<sup>5</sup> consecutive insanity from fevers, visceral inflammation

**Fig. 4.5: Types of insanity in Calicut Lunatic Asylum from 1890-1895**

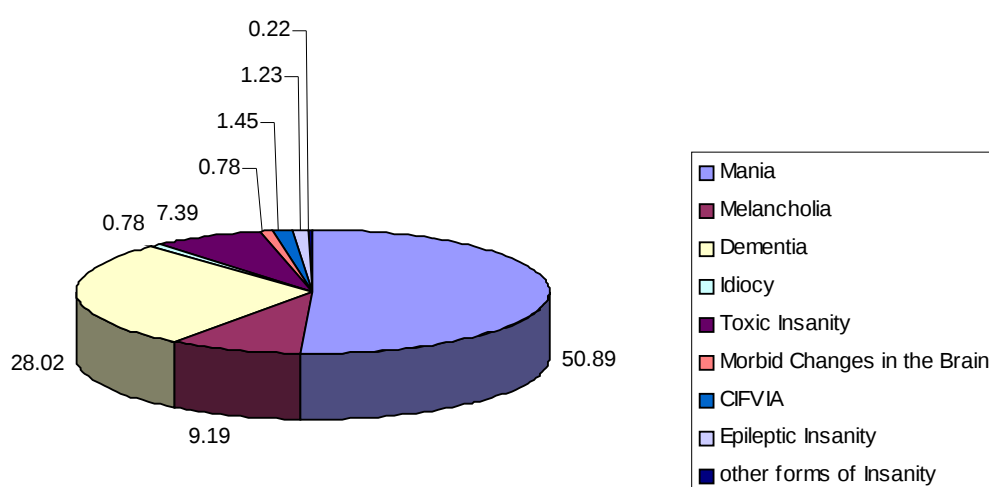
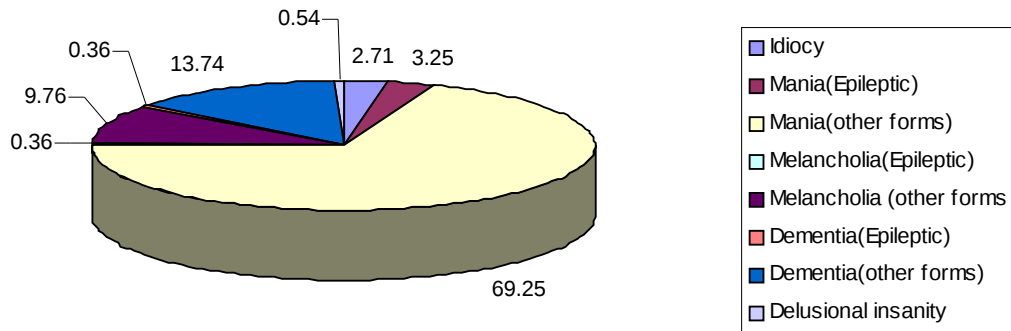


Table 4.8 and Figure 4.5 demonstrate the types of insanity identified in the nineteenth century in Kerala. This report illustrates that the majority of patients were suffering from Mania (50.89%) Dementia (28.02%), Melancholia (9.19%) and Toxic insanity (7.39%). Other disorders comparatively found to be less in number.

Table4.9: Types of mental illness found in Calicut Lunatic Asylum from 1896-1900

Year	Idiocy		Mania Acute or Chronic				Melancholia Acute or Chronic				Dementia including Acquired				Delusional insanity		Not yet diagnosed		Total		Grand Total
			Epileptic		Other forms		Epileptic		Other forms		Epileptic		Other forms								
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1896	2	1	3	-	67	22	1	-	11	3	1	-	12	5	-	-	-	-	97	31	128
1897	3	1	3	-	59	20	1	-	10	3	1	-	11	5	-	-	-	-	88	29	117
1898	2	1	3	1	50	15	-	-	8	1	-	-	9	5	-	-	-	-	72	23	95
1899	3	-	4	1	53	21	-	-	7	1	-	-	7	7	1	1	-	-	75	31	106
1900	2	-	1	2	54	22	-	-	8	2	-	-	8	7	1	-	-	-	74	33	107
Total	12	3	14	4	283	100	2	-	44	10	2	-	47	29	2	1	-	-	406	147	553
Grand total	15		18		383		2		54		2		76		3		-		553		
Percentage	2.71		3.25		69.25		0.36		9.76		0.36		13.74		0.54		-				

Fig. 4.6: Types of insanity in Calicut Lunatic Asylum from 1896-1900



The table 4.9 and figure 4.6 indicate the types of insanity observed in the Calicut asylum from 1896- 1900. This report illustrates a typology, which is slightly different from that of the previous years. Insanity was primarily divided into Idiocy, Mania Acute or Chronic (Epileptic & other forms), Melancholia Acute or Chronic (Epileptic & other forms), Dementia including Acquired (Epileptic & other forms) and Delusional insanity. The majority of patients were suffering from Mania (other forms) (69.25%), Dementia (other forms) (13.74%), Melancholia (other forms) (9.76%) and Idiocy (2.71%). Sibthorpe (1897), Surgeon General pointed out that out of the 742 insane treated in three asylums of Madras presidency 473 are found to be manic either epileptic or other forms. 125 are suffering from dementia and 46 are suffering

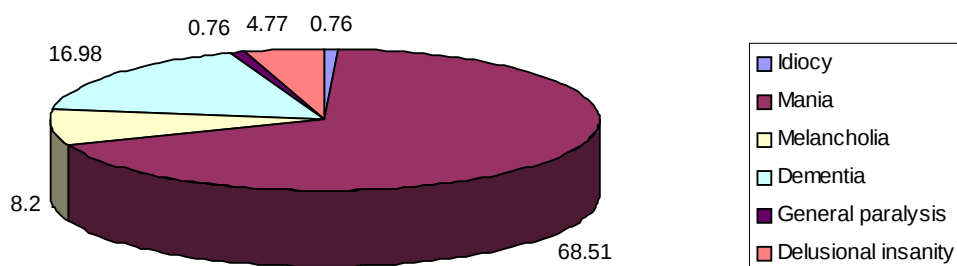


from Melancholia (Lunatic Asylums in the Madras presidency, 1897).

Table 4.10: Types of mental illness found in Calicut Lunatic Asylum from 1909-1911

Year	Idiocy		Mania acute/chronic		Melancholia acute/chronic		Dementia including acquired		Mental stupors		General paralysis of the insane		Delusional insanity		Not yet diagnosed		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1909	1	-	78	32	14	2	18	5	-	-	2	-	8	3	-	-	163
1910	2	-	90	31	13	2	21	11	-	-	1	-	5	2	-	-	178
1911	1	-	91	37	11	1	21	13	-	-	1	-	5	2	-	-	183
Total	4	-	259	100	38	5	60	29	-	-	4	-	18	7	-	-	
Grand total	4		359		43		89		-		4		25		-		524
%	0.76		68.51		8.20		16.98		-		0.76		4.77		-		

Fig. 4.7: Types of insanity in Lunatic Asylum Calicut from 1909-1911



Analysing the report from 1909-1911 of Calicut Lunatic Asylum also shows that the majority of insanes treated in the Asylum was under the same type. The total patients treated in these three years are 524. Out of these 359 (68.51%) were Manics, 89 (16.98%) were suffering from dementia and 43 (8.2%) were Melancholic. The number of patients suffering from Idiocy, Mental stupor, General paralysis and delusional insanity were 4(0.76%), 0, 4(0.76%) and 25(4.77%) respectively. (The annual report of Lunatic Asylum in Madras presidency, 1909, 1910 and 1911). Figure 4.7 shows diagrammatic representation of the data.

Analysing the documents of Travancore Lunatic Asylum in the first half of the twentieth century shows more advanced

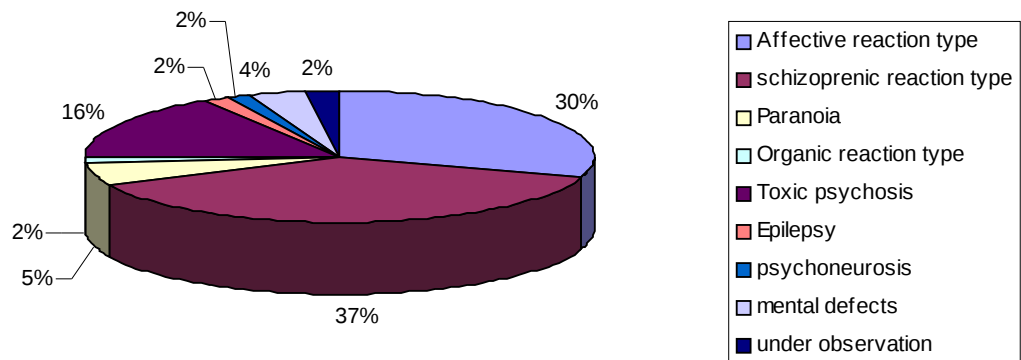
classification of mental disorders. The following table shows the types of mental disorder treated in the year 1933 to 1936.

*Table 4.11:Types of mental illness of the patients in Lunatic Asylum Travancore from 1933-1936.*

<b>Name of disease</b>	<b>Year</b>			
	<b>1109 (1933)</b>	<b>1110 (1934)</b>	<b>1111 (1935)</b>	<b>1112 (1936)</b>
Affective reaction types	58	54	49	51
Schizophrenic reaction types	72	72	72	77
Paranoia and paranoid reaction types	10	13	13	11
Organic reaction types	3	6	5	4
Toxic psychosis	31	41	37	49
Epilepsy etc.	3	4	5	6
Psychoneurosis	3	1	1	1
Mental defects	7	7	6	10
Sex perversions	----	----	----	----
Under observation	4	9	16	12
Total	191	207	204	221
Men	136	147	152	166
Women	55	60	52	55

(Velupillai 1940, p219.)

**Fig. 4.8: Types of mental disorders in Travancore Lunatic Asylum from 1933-1936**



The table 4.11 and figure 4.8 indicate the types of insanity observed in the Travancore Lunatic Asylum from 1896- 1900. This shows that major types of insanity identified in this period in Travancore Lunatic Asylum are schizophrenia (37%), affective reaction type (30%) and Toxic psychosis (16%).

Observing the indigenous classification on mental diseases and its causation, we can find a totally different understanding existing in the indigenous system of madness from Psychiatry. As I noted in the previous section, organized and unorganized indigenous healing traditions practiced in Kerala used a classification, which is very sound in terms of the cultural

understanding of the people. *Visscher's letter from Malabar* analysing the causation of diseases pointed out that *"I feel perfectly safe in saying that every Nayar believes in magic through and through. No matter what his collegiate course has been, no matter how full of knowledge such as west can give him, no matter how thrilled he may be by the higher Hinduism which condemns it altogether, he believes in magic as the cause of ills and he believes in magic for the removal of these"* (cited from Menon, 1986). These kinds of observations offer insights into the deep-rooted traditional beliefs of the natives about the causation of illness and its remedies.

Kerala also has a tradition of Ayurvedic practices. According to the Ayurvedic texts, mental illness is classified into five important types namely, Vatonmada, Pittonmada, Kaphajonmada, Sannipatonmada and Bhootonmada. This Ayurvedic classification of insanity is considered as one of the oldest classification systems of mental illness (Alexander & Selesnick, 1967). In parallel to the classic Ayurvedic tradition Kerala also has a Vaidya tradition as mentioned in the previous section. In Vaidya tradition mental illnesses were classified as various Keerika Lakshanas. These classifications of mental illness were highly correlated with the beliefs and cultural psyche of Keralites. Psychiatry's different classification system primarily based on the Western theories engulfed these folk understandings about mental illness and its

causation. The new language of Western psychiatry was primarily given an organic explanation about the mental disorders. Following the Kraepelian ideology psychiatry attempts to systematize the disorders according to the symptoms of the problem. Psychiatry was some extent succeeded in identifying the types of mental disorders based on the symptomatology but they struggled to explain the causes of illness in the specific context of Kerala. It reflects the cultural unspecificity of psychiatric treatment in the 19<sup>th</sup> and 20<sup>th</sup> century Kerala. This leads to a crisis of unknown causal factors of mental disorder. This crisis reflected not only in the theoretical understanding of the problem but also the curative process of treatment.

#### **4.3.7.3 Crisis of Unknown causes**

One of the major problems faced by the psychiatry in Kerala was to identify the causes of insanity of the natives.

W.H. W.H. Robert Surgeon -Major pointed out that As usual the unknown causes predominate in the case of insane.

*“The number discharged caused is, I regret to say, very small, only 7, or 6 percent, of average daily population. From the report it will be seen that 2.1 cases were ill one year and over prior to admission; add to this 10 cases in whom the duration of disease prior to admission is ‘unknown’, but of whom it may be safely assumed that they were ill over a year*

*and we have 31 cases of chronic or long – standing insanity. The recoveries were, as usual, among those who were placed under treatment at an early period of their disease; 4 of the 7 were thus treated soon after their insanity showed itself (within six months). In the same way the more ‘acute’ the case, the better and more hopeful the chance of recovery; 5 of the 7 suffered from acute mania”.*

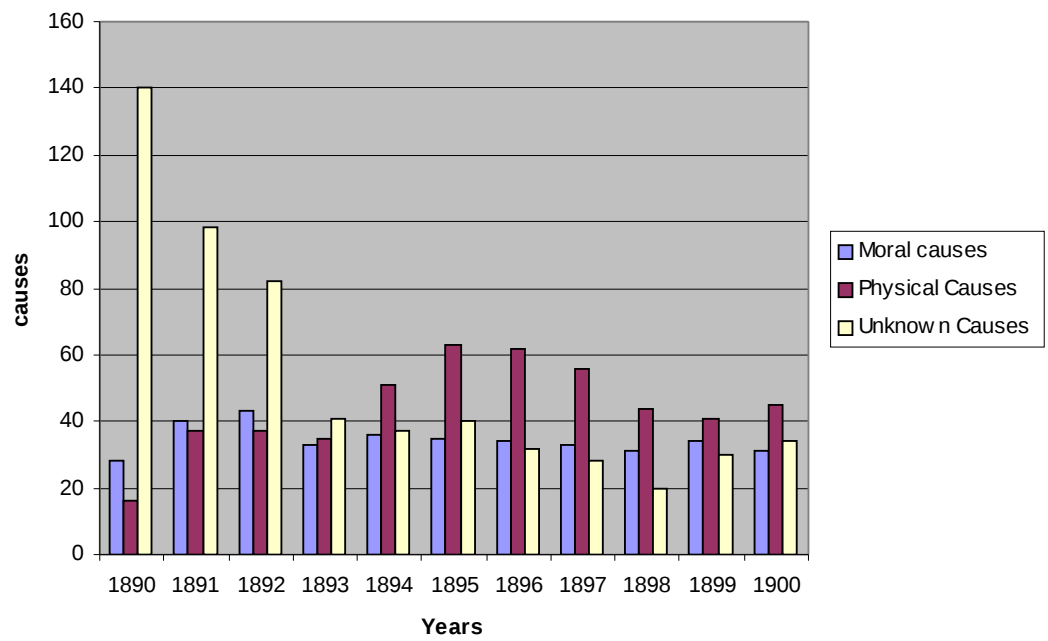
*(Asylum Report of Madras Presedency, 1873 p56)*

*Table 4.12:Causes of insanity of the patients admitted in Calicut Asylum from 1890 - 1900*

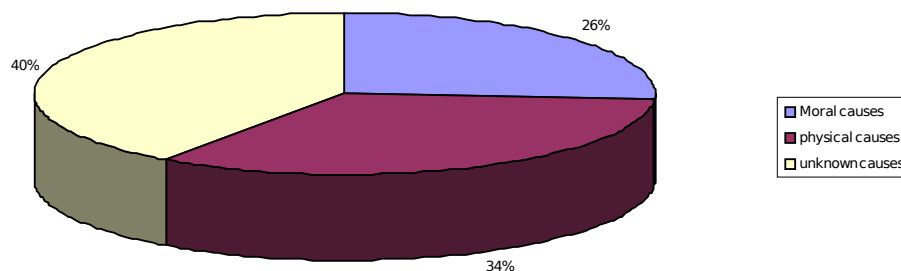
<b>Years</b>	<b>Moral</b>	<b>Physical</b>	<b>Unknown</b>	<b>Total</b>
1890	28	16	140	184
1891	40	37	98	175
1892	43	37	82	162
1893	33	35	41	109
1894	36	51	37	124
1895	35	63	40	138
1896	34	62	32	128
1897	33	56	28	117
1898	31	44	20	95
1899	34	41	30	105
1900	31	45	34	110
Total	378	487	582	1447
Percentage	26.12%	33.65%	40.22%	



Fig. 4.9: Causes of insanity in Calicut Lunatic Asylum from 1890-1900



**Fig. 4.10: The causes of insanity in Calicut Lunatic Asylum from 1890-1900**



The table 4.12 and figure 4.9 and 4.10 represent the causes of the insanity in Calicut Lunatic Asylum from 1890-1900. The causes were classified into physical, moral and unknown. The physical causes are further classified as congenital, spirit drinking, Ganja and Bahng, epilepsy, injury to head and uterine. Moral causes were grief, loss of property, fear and gambling.

Analyzing initial years of the Asylum, one of the major issue faced by the doctors were lack of understanding about the causes of the insanity of natives. The Report of 1873-74 shows that in these two years total cases treated in the Asylum were 216. The reports reveal that causes of 80% (173 patients) were unknown other causes visible were physical and moral causes. The physical

causes were found to be 30 (13.8%) and the moral causes were 13 (6%).

Analysing 1890-1900 the same trend can be found. Analysing the report it can be shown that the total insane admitted in these 10 years are found to be 1447. From these total population causes of 582 (40.22%) are found to be unknown. The physical and moral causes are seems to be 487 (33.65%) and 378 (26.12%) respectively.

The reports of the Lunatic Asylums shows that the number of unknown causes were reducing gradually in the latter years of nineteenth century. According Fabeck (1893) *“There has been considerable improvement in tracing out the causes of lunacy among those admitted; the causes were ascertained in 204 cases or 83.27 percent of the total admissions, the highest figure reached within the last five years”* (Report of Lunatic Asylum of Madras Presidency, 1893, p 6). This shows that the interaction of psychiatry with the natives either gave a new direction to psychiatric treatment or Psychiatry accommodated the native understanding about the illness.

From these reports three important ideas can be generated (1) Majority of the causes of mental illness of natives were unknown to psychiatry, (2) The known cases visible are more physical in nature and (3) The treatment were applied without understanding

the real causes behind insanity. Fabeck (1894) pointed out *“causes are ascribed under moral and physical causes, which latter have always been in excess of the former”* (The Report of Lunatic Asylum, 1894, p 5). This observation made it clear that causality of mental illness followed by psychiatry in Kerala was based on the organic approach developed in the West.

#### **4.3.7.4 Treatment in Asylums of Kerala**

Analyzing the treatment history of asylums in the nineteenth century British India it has been observed that the treatment was mainly classified into medical and moral. In the last half of the nineteenth century moral treatment was found to be dominated in the treatment scenario of psychiatry in colonial India. This was the result of humanitarian movement in the field of psychiatric practices. The British reformers stressed the importance of moral treatment for mentally ill. Hochmuth (2006) observed that, “Ringing slogan such as management (does) more than medicine (Battie, 1758) and talk kindness and humanity, moral management, industriousness, segregation, classification and non restraint (Tub 1813, Hill 1838, Conolly 1856) were consequently echoed in British India”. Company doctors duly drew ideas bred for the mentally ill in Europe when they proclaimed emphatically that their patients had to be brought. Hochmuth (2006) observed that Peace and order as well as humanitarian considerations were the objectives intended to guarantee in the Lunatic asylum of colonial India.

## Medical treatment

According to the reports of Calicut asylum, there was a mix of moral and medical treatment existed in the nineteenth century lunatic asylum. The Surgeon General Balfour observes, about “treatment I have ...nothing new to state. Occupation of some sort systematically induced, regular hours, good food, and attention to general health are curative means, and it is really wonderful what these will effect! Some of the most apparently hopeless cases yield to their influence. Drugs are only exhibited as occasion demands; the calmatives used are opium and its various preparations, cannalus indica, hyosyami, bromide of potassium, and chloral hydrate. Occupation consisted of cotton -spinning, weaving gardening. Two thirds of the male enclosure is under cultivation, chiefly as a vegetable garden. The diet is according to scale and suits very well. It is supplied by a contractor at the rate of 3 annas per head. The patients as rule put on flesh” (Report of Lunatic Asylum Madras presidency, 1874 p 16).

The annual report of the year 1877 also explains the types of medicine applied in the patients during the year.

*“The treatment has consisted in subduing great mental excitement by large doses bromide potassium, hydrate of chloral, morphia and lately tincture of digitalis has been tried.”*(Report of Lunatic Asylum Madras Presidency, 1877,p27).

## **The Moral Treatment**

In reviewing the reports of the Lunatic Asylum in India, the Surgeon General with the Government of India remarked that the following points should receive increased attention in the management of the asylums.

*“(1) Improved dietary (2) Better clothing for the convalescent and weak (3) Special means for heating barracks occupied by the weakly and convalescent during cold weather months (4) General introduction of means for affording amusements to insanes (5) Selected patients to be allowed to walk outside asylum walls (6) Greater attention to be paid to the feeding and clothing of lunatics when they are in transit to the asylum”* (Report of Lunatic Asylum, Madras Presidency, 1895, p 5).

This concern of the Government shows their interest in implementing moral management of Lunatics in the 19<sup>th</sup> century asylum of British India. Analysing the report of Calicut Lunatic Asylum shows that an organised moral management was implemented in the last decade of nineteenth century but amusements of the inmates received attention around two decades before this. According to the report of 1874-75 of Calicut Asylum shows the implementation of Amusement for mentally ill.

*“A native band plays in the Asylum now about once a fortnight and sweet meats, fruits, betel handed round. This seems*

*to have had a good effect on many of the inmates, their excitement has offer been subdued by a threat that they would not be treated to the band, some of the inmates however do not seem to care anything about it” (Report of Lunatic Asylum Madras Presidency, 1874, p 16).*

The feeding of the patients also gets much attention in the last half of the nineteenth century. According to the reports, *“The feeding of the patients in a more systematic manner has lately been engaging increased attention. Improvement is badly wanted in the male enclosure. The kitchen is situated near some of the night blocks and trollies are employed to convey the food to each of these blocks and to the different enclosures. The feeding of these people is always an anxiety, it is directly connected with their health, and without careful supervision it is possible that some may not be fed properly. Sometimes at all and others may be overfed”.* (Report of Lunatic Asylum in Madras Presidency, 1892, p 6-7).

As part of the moral management, asylum authorities were highly concerned about the celebration of festivals and other amusements. According to Sibthorpe (1895) the Surgeon General of Madras presidency, “In Calicut treats were given on Hindu festival days and Christians on Christmas day which were highly appreciated by them. All insane are allowed to amuse themselves from 10 to 2 daily as well as they can and are provided with a

country drum and sticks for the game called 'Kolattam'<sup>6</sup>. The superintendent proposes had there should be more intercourse with the world outside for many patients who would of course have to be selected; this he considers could be done by driving more of them to the beach and by allowing them to mix with or at least see the more cheerful side of life outside the asylum"(Report of Lunatic Asylum, Madras Presidency, 1885, p 6).

Hygiene and exercises of insane also get attention during this period. Sibthorpe (1896) observed "This subject has received the careful consideration of the superintends of all the asylums, particular attention having been paid to the bathing clothing exercise and food of the insanes (Report of Lunatic Asylum, Madras Presidency, 1896, p 6).

Analysing the treatment of Lunatics in nineteenth century it has been found that, the colonial authorities introduced the moral management strategies through implementing the facilities like good food, amusement, hygiene and exercises. Many scholars problematised the moral treatment in a colonial context.

Foucault (1967) criticised the ideals of moral treatment in the west. He observed that, the overt chains of the older tradition might be replaced by subtler methods of social control in reformed asylums such as retreat. He explained the gigantic moral imprisonment of patients by Tuke. According to him:

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<sup>6</sup> One of the popular game prevalent in Malabar region.



*"We must therefore re-evaluate the meanings assigned to Tuke's work liberation of the insane, abolition of constraint, constitution of a human milieu these are only justification. The real operations were different. In fact Tuke created an asylum where he substituted for the free terror of madness the stifling anguish of responsibility fear no longer reigned on the other side of prison gates, it now raged under the seals of conscience". (Foucault 1967, p 234)*

Foucault's major observation was how moral treatment executed psychiatric power through individual subjectivity. He observed that, the asylum no longer punished the madman's guilt, it is true, but it did more, it organised that guilt; it organized it for the madman as a consciousness himself, and as a non reciprocal relation to the keeper. It organized it for the man of reason as an awareness of the other, a therapeutic intervention in the madman's existence. In other words, by this guilt the madman became an object of punishment always vulnerable to himself and to the other; and from the acknowledgement of his status as object, from the awareness of his guilt, the madman was to return to his awareness of himself as a free and responsible subject and consequently to reason.

In contrast with West, the moral treatment in a colonial context serves a different purpose. Mills (1999) observed that by scrupulous cleanliness, liberal diet, affording them means of recreation or occupation, and attention to all functions of the body are the foundation of the moral management of Lunatics.

Mills argued that the way in which British medical officers used the therapeutic regimes developed in nineteenth century Europe to assert themselves and their agendas over the bodies and minds of those who came under jurisdiction in the asylums, will be explored by examining the two stages in the process of assertion, control and reform (Mills, 1999). The controlling process could be more reflected in the possible feeding practise as part of the treatments in Asylums. Fabeck observed “In the Lunatic Asylum six males and five females were regularly fed by hand and two males had to be fed by the *nosophryengealtube*” (Report of the Lunatic Asylums, Madras Presidency, 1895, p 11).

Sibthorpe (1896) also put forward a similar observation. “*Two insanes were forcibly fed in the Calicut Asylum- one regularly by the nasal tube and the other by the hand during periods of excitement*” (Report of Lunatic Asylums, Madras Presidency, 1896, p 8).

Report from other parts of the Presidency also shows that forcible feeding was regular in all other asylums. The Vishakhapattanam asylum report explains that “*No bad results have accrued and the method has been found*

*suitable and satisfactory. Nasal feeding is adopted by means of a Jacqnes, Catheter and syphon tubing”* (Report of Lunatic Asylum Madras, 1911, p 7)

Analysis of these reports reveals that nineteenth century psychiatric treatment in Kerala was mixed with medicine and moral management. This has come from the Western reform movement. The moral management was found as a strategy used by the colonial government to control the inmates. This control was implemented through practice of providing cleanliness, liberal diet, recreation or occupation.

#### **4.3.7.5 Unsettled Issue of Mortality**

Mortality was one of the unsettled issues of Asylums in 19<sup>th</sup> century colonial India. Compare to the other state of Madras presidency Calicut was found to be highest mortality rate in the Asylum population (Report of Asylum Madras Presidency, 1890, p 4).

In the initial years of Asylum practice in Calicut it has been seen that the mortality rate was very high. The table 4.13 and figure 4.11 represent mortality rate in Calicut Lunatic Asylum during the period of 1878- 1902.

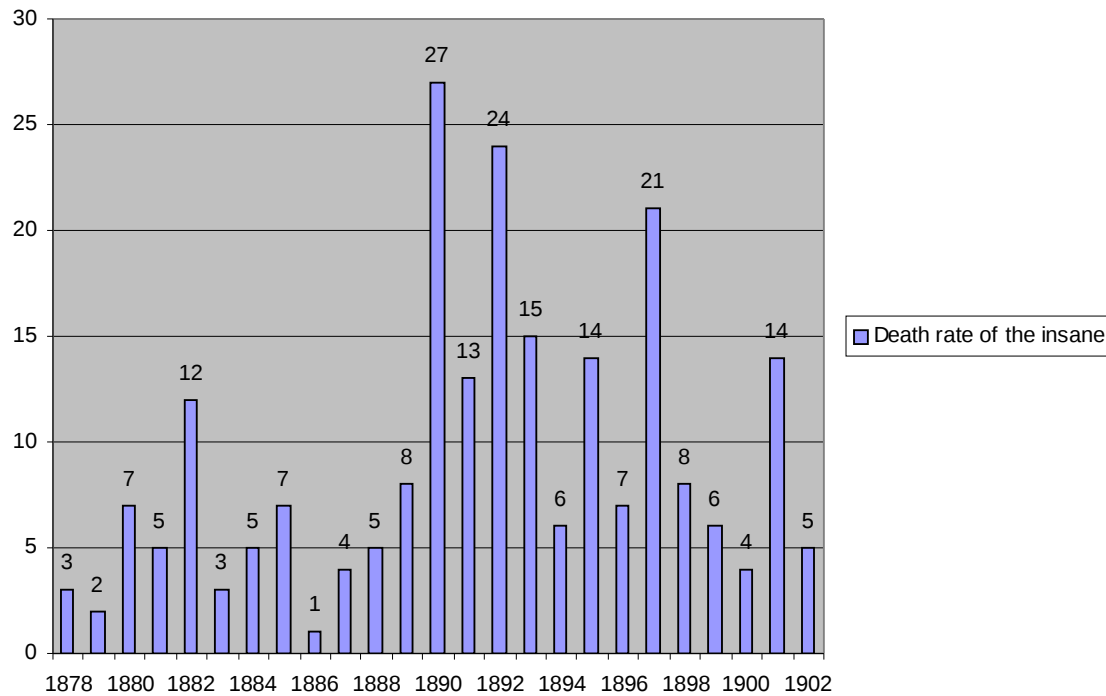
*Table 4.13: Number of patients treated and died from 1878-1903 in Calicut Lunatic Asylum*

Year	Number of	Number of
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	<b>patients treated</b>	<b>patients Died</b>
1878	64	3
1879	61	2
1880	76	7
1881	91	5
1882	108	12
1883	131	3
1884	149	5
1885	146	7
1886	118	1
1887	146	4
1888	157	5
1889	155	8
1890	184	27
1891	175	13
1892	162	24
1893	109	15
1894	124	6
1895	138	14
1896	128	7
1897	117	21

1898	95	8
1899	106	6
1900	110	4
1901	122	14
1902	131	5
<b>Total</b>	<b>3103</b>	<b>226</b>

Fig. 4.11: The mortality rate of the insane from 1878-1902



The results shows that the total number of patients treated in the asylum during 1978-1903 were 3103. Out these 226 (7.28%) patients were died in the Asylum itself. The Madras government conducted many enquiries about the causes of the high mortality rate but not able to reach a satisfactory answer for the high mortality rate.

Edward Balfour Surgeon-General of Indian medical department observed in his annual report of Lunatic Asylum Calicut 1873-74, that the death rate of the lunatic Asylum were extremely increased in the year. He pointed out *"The death rate for 1873-74, namely 28.08 percent of average strength, was extremely high, and the superintended does not give any satisfactory explanation of this unusual mortality"* (Annual Asylum Report, 1873). The percentages of causes to daily average strength in all three asylums is 9.94 very nearly same as the last year (Report of Asylum Madras Presidency, 1891, p 6).

*"It is difficult to fairly compose the recoveries in the Madras Asylum with those in Bombay, Delhi, and Lahore, because there is as much difference in conditions affecting the insane in these asylums as would be found in, say, a Spanish, a German and a Russian asylum. The racial temperament, the proportionate use of drugs or of alcohol, the fact of the women being ghosha as not (and there by influencing the number of females in an asylum), these and conditions of climate habits and surroundings must have a material effect favorable or unfavorable on recovery. The best criterion of work done in this discretion is a comparison with the record of previous years"*. (Asylum Report of Madras Presidency, 1873).

Fabeck noted that in Calicut the admissions to hospitals were 184 and the number of deaths were 27, showing an increase of 17 and 19, respectively as compared with previous year. The high mortality in the Madras

and Calicut Asylum is partly accounted for by an outbreak of Cholera. The general death rate of 18.44%, which compares unfavorably with previous years and with the reference from other Asylums in India". Taking the asylums separately, mortality was highest in Calicut (19.4) and lowest in Waltair (11.3); the death rate in Madras 18.8 was higher than has been for several years. (Annual Asylum Report of Madras Presidency, 1890, p.4).

The general health of the insane was, on the whole, good during the year except during the monsoon. One hundred and twenty insane were treated in hospital, with an average daily sick of 15.07 against 87 in 1893 with an average daily of 8.10. The increase is due to the weakly condition of many of insane on admission and to prompt removal of the sick to the hospital for better care and treatment in the earlier stages of disease. (Report of Lunatic Asylums, Madras, 1894, p 8)

*"Since August 1894 special casualty reports regarding all deaths in the asylums have been submitted to me so that I have full details of the causes of the death in each case." In the Calicut Asylum, there were 6 deaths (all males), as against 15 in the previous year. The causes of death were ulceration of bowels 1, chronic pneumonic phthisis 1, old age 1, softening of the brain 1, tubercle of lungs 1 and cirrhosis of the liver.*

*"After a careful enquiry, I formed the opinion that none of the attendants could be held responsible for the accident and directed that steps should be taken to inform all the attendants of the facts of the case in order that*



*even greater vigilance examining such insane and their cells before then were locked up for night, should be carried out in future". (Annual Asylum Report of Madras Presidency, 1894).*

We can find various comments of the Surgeon Generals about the causes of high mortality rate. "Each death with the details of the case is reported at the time for my information. In the Calicut Asylum 21 deaths occurred against 7 in 1896. The causes of death were - Cholera 8, Idiopathic anemia 4, dysentery 3, and one each rheumatism valvular disease of the heart, gangrene of the lung, choric phythisis, Catarrhal inflammation of the intestines and Broght disease". (Annual Asylum Report of Madras Presidency, 1897 p.11).

**Sibthorpe pointed out that,**In Calicut there occurred 8 deaths as compared with 21 in the preceding year, there were cases of advanced old age and 2 were prounced cases of tuberide". (Annual Asylum Report of Madras Presidency, 1898).

**Sinculair** "Of the 4 who died in the Calicut Asylum 2 were in a very bad stage of health on admission the other 2 were in indifferent health, 1 dying within 20 days and the other within 7 months of admission". (Annual Asylum Report of Madras Presidency, 1900).

**Browne 1907** Seventy two deaths occurred in the three asylums against 86 in 1905. The percentage mortality on daily average strength was 11.87 against 14.64 of the previous year, so that the figure for the asylums of all England of 10.03 is fairly approximate to ours despite the difference in the causes of the mortality in the two countries, for the general paralysis of the insane that is almost unknown in India causes 20 percent or more of the deaths in asylums in England, while with us tuberculosis is by far the most important cause of death and next come bowel affections closely followed by acute mania (Annual Asylum Report of Madras Presidency, 1906, p 4).

Death was immediately due to dysentery and enteric catarrh in 77 cases; to tuberculous in 70; to epilepsy in 23, to general paralysis in 9; the valve diseases of the heart in 9; and to various other ailments and general exhaustion in the rest (Annual Asylum Report of Madras Presidency, 1914).

Analysis of these notes of surgeon Generals clearly show that the number of mortality rate in the asylums were very high and the doctors and the administrators were failed to give a satisfactory answer for this high rate of mortality. It has been also observed that the asylum reports keep silence about the number of European patients died in the Asylums. The highest mortality of insane in the Asylum needs to be further studied.

#### **4.3.7.6 Age of the insane treated in the nineteenth century lunatic Asylum in Kerala**

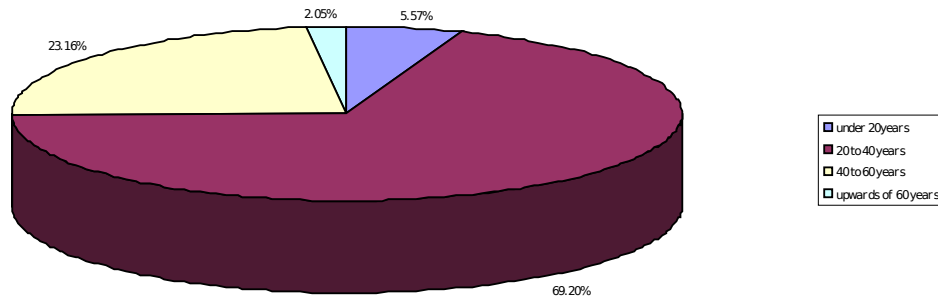
The following table 4.14 and pie chart 4.12 represent the age of the insane treated in Calicut Lunatic Asylum. The table and graph shows that the majority of insane treated during the period of 1890- 1900 were found to be young adults. The number of the patients under 20 years, 20-40 years, 40-60 years and above 60 years are found to be 19 (5.57%), 236 (69.2%), 79 (23.16%) and 7 (2.05%) respectively. The notes of the Surgeon Generals in various asylums also put forward the same opinion.

*“The largest number of admissions was between the ages of 20 and 40, being for that term of life 64. 32 percent of the total admissions and 65.4 percent in the triennium 1906-1908. The next largest number of admissions is in the age period 40 to 60 years, being 27.64 and 23.81 percent respectively for the two triennial periods; the smallest, those above 60 years or 1.83 as against 3.49”*(Asylum Report of the Madras Presidency, 1911, p 3).

*Table 4.14: Age of newly admitted patients from  
1890 - 1900 in Calicut Lunatic Asylum*

<b>Years</b>	<b>Under 20 years</b>	<b>20 to 40 years</b>	<b>40 to 60 years</b>	<b>Above 60 years</b>	<b>Total</b>
1890	1	31	11	1	44
1891	3	30	5	1	39
1892	1	18	2	-	21
1893	1	19	8	-	28
1894	4	34	6	-	44
1895	2	25	14	-	41
1896	1	18	6	2	27
1897	-	15	6	2	23
1898	1	7	3	1	12
1899	2	23	7	-	32
1900	3	16	11	-	30
Total	19	236	79	7	341
Percentage	5.57%	69.2%	23.16%	2.05%	

**Fig. 4.12: Age of the insane in Lunatic Asylum Calicut from 1890-1900**



#### 4.3.7.7 Religious classification

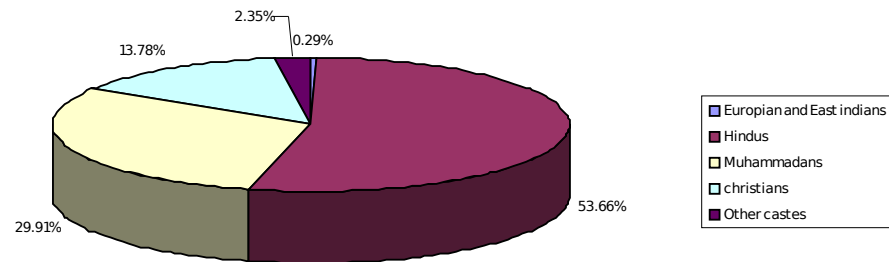
The table 4.15 and figure 4.13 represent the religion of the patients treated in the Calicut Lunatic Asylum during 1890-1900. The total number of Europeans, Hindus, Mohammadens, Christians, and other castes treated are 1(0.29%), 183 (53.66%), 102 (29.91%), 47 (13.78%) and 8 (2.35%) respectively. The studies conducted by many researchers problematised the classification of natives based on their caste and religion. Mills (2000) observed that the classification of insane leads to some sort of discrimination.

*Table 4.15:Religion of newly admitted insane in Calicut Lunatic Asylum during year 1890-1900*

<b>Years</b>	<b>Europea n East Indians</b>	<b>Hindu s</b>	<b>Muham m -adans</b>	<b>Christian s</b>	<b>Other caste s</b>	<b>Tota l</b>
1890	-	29	11	4	-	44
1891	-	22	12	3	2	39
1892	-	10	8	3	-	21
1893	-	20	5	3	-	28
1894	-	20	20	3	1	44
1895	-	21	12	7	1	41
1896	-	14	7	5	1	27
1897	-	11	7	3	2	23
1898	-	7	3	2	-	12
1899	-	13	10	8	1	32

1900	1	16	7	6	-	30
Total	1	183	102	47	8	341
Percentage	.29%	53.66%	29.91%	13.78%	2.35%	

**Fig. 4.13: Religion of newly admitted insane in Calicut Lunatic Asylum from 1890-1900**



#### **4.3.7.8 Administrative Structure**

The Lunatic Asylum in various Presidencies of colonial Government followed an administrative structure, which consists of administrators, medical team and employees. The following table shows the administrative pattern in Calicut Lunatic Asylum.

*Table 4.16: Administrative structure of Calicut Lunatic Asylum in nineteenth century*



<b>Medical team &amp; employees</b>	<b>Numbers</b>
Chief Secretary of public department	1
Surgeon General	1
Superintendent	1
Assistant surgeon (Second class Military)	1
Civil Apothecary	1
First grade Hospital Assistant (senior)	1
Second grade do	1
Steward	1
First Assistant steward	1
Second	1
Clerk and steward	1
Storekeeper	1
Writer	1
First class European Attendants	3
Second class	3
Matron	1
Head Nurse	1
First grade Nurse	1
Second grade	1
Third grade	1
Native Male Head keeper	1

<b>Medical team &amp; employees</b>	<b>Numbers</b>
First class Male attendants	2
Second class	6
Third class	25
Night watchman	6
Native female head keeper	1
First class female attendant	1
Second class female attendant	3
Third class	6
Night watchwomen	2
Weithman	1
Office attendant	1
Carpenter	1
Blacksmith	1
Hospital attendants	1
Dardener	1
Tailors	2
Barber	1
Cook for European and East Indian patients	1
Caste cook for Natives	1
Assistant caste cook for natives	1

Medical team & employees	Numbers
Caste cook women for natives	1
Waterwoman	1
Washerman	1

Analyzing the asylum practices it has been found that there was a clear discrimination against the native attenders. The following notes of Surgeon Generals clearly show this discrimination. Sibthorpe, Surgeon Major - General

*“European Attendants: There were three first class and three second class men in the asylum. Their work I consider, has been on the whole, satisfactory. My predecessor proposed a reserve of these men in order to allow of a fixed annual holiday for each of them. This suggestion I again bring forward with my strong recommendation. They are on duty daily from 5.30 am to 5.30 pm and on two nights out of six have to make two tours of the asylum between 9 pm and 4 pm. Native Attendants: on the whole, I have found them very poor; they are unintelligent, dishonest, untruthful, uneducated and untrustworthy pensioned Sepoys when available make far and away the best native attendants, but are not always procurable or willing to do the heavy work here. I therefore strongly urge*

*that, the sanction for having trained orderliness in place of native attendants by giving them a little higher pay may be obtained.” (Report of Lunatic Asylum, Madras Presidency, 1896, p 18).*

### **European Attendants**

*“They perform their work, I believe to the best of their ability, and with a satisfactory result on the whole, but it is no dispraise of them if I say that they do not come up what I consider the standard required, in as much as I doubt the possibility of getting more suitable men. Several qualifications are necessary in a good lunatic attendant. Good physique, Good temper, Knowledge of natives, Knowledge of the languages, Ability to read and write and do simple arithmetic and to write plain intelligible English leggers and Good common sense.*

*Now it is the combination of these qualifications that is essential and such a man could command fair wages in other walks of life. What inducement has he to take to a lunatic asylum life? It is hard work monotonous and if he be not a kind hearted man, he may very easily slide into a very cruel one-simply because he sees helpless human nature from its lowest and most repulsive side and sees it constantly. I strongly recommend a reserve of these attendants to allow of a fixed holiday for them, not as a favour but a right for their health’s sake, and yet we have no available reserve, and in cases of emergency have to fall back on untrained outsiders to do highly skilled work- for these men not only require the qualifications of European Asylum attendants but, have in addition the*

*difficulties of the language and the same difficulties of patient's temper, fastidiousness, follies, even perhaps in a greater degree than the European insane".*

### **Native attendants**

*"The character of the native attendants as attendants on insane patients is poor. To adequately perform the duties required of them at the present strength of our establishment, and considering the class from which we draw them, is I think impossible – they have neither the will nor intelligence nor education, and I say candidly that from their point of view I cannot much blame them; they are not men of refined feeling, their ordinary work is practically to feed, clean and provide for a human beast; that he is human it is true, but in the majority of cases the human faculty is too much in abeyance, the animal too prominent: hence arises the constant lapse into perfunctoriness, the tendency to roughness, to neglect of the watchfulness on which so much depends, and to feel what is quite true in many cases that if his work is done well it inspires no gratitude that the feelings of the recipient are often purely negative, and that whether ill or well done, the result except in the long run, will not show much difference added to which the morbid side of a distempered mind often renders a patient's character disagreeable or even utterly odious. This difficulty is especially felt at night in the hospital. In the day time with much care and supervision, the sick can be looked after with as fair a result as can be expected with such the sick can be looked after with as fair a result as can be expected with such rough material, but at night directly one is away, I see no*

*guarantee that a sick lunatic will be looked after at all, I think the chances are much against it. The nursing by men of the sick is always a matter of doubtful expediency, but of lunatics who are much more confined necessarily, it is even more difficult to arrange satisfactorily than with sane patients". (Asylum Report of the Madras Presidency, 1902, p 4).*

#### **4.3.7.9 Law and insanity in colonial Asylums**

Analysing the various legal policies developed by British in relation to insanity ,it has been observed that the insanity acts promoted involuntary hospitalization and negated the rights of the mentally ill.Legislative regulations of lunatics asylum initiated in the second half of the nineteenth century .

#### **Indian Lunatic Asylum Act 1858 (LAA)**

Legislative regulation of lunatic asylums was initiated in 1858 with the Indian Lunatic Asylums Act (LAA), almost a century after the company state began the practice of taking on rent lunatic asylums to house European Soldiers whose minds had given way under the dual strife of war and the weather (Varma 1953. cited from Dhanda, 2000). The Lunatic Asylum Act was introduced in India after long movement in England seeking state intervention to curb private trade in lunacy and to prevent wrongful commitment.

The Lunatic Asylum Act replaced the diverse regulations and policies of the presidencies with a single statute. To the extent possible (keeping in view the constraints of the colonial state), this was in conformity with the English law. The Asylum Act signaled state intention to establish public lunatic asylums wherever expedient, whilst private asylums were allowed to continue subject to regulation by licensing.

The statute<sup>7</sup> allowed for the institutionalization of both an 'idiot' and a 'person of unsound mind' LAA section is (cited from Dhanda, 2000). Admission of non-dangerous lunatics was also permitted (LAA, section 4) (cited from Dhanda, 2000).

### **The Indian Lunacy Act 1912 (ILA)**

The Indian Lunacy Act 1912 (ILA) consolidated several statutes with some amendments into a single legislation. It introduced amendments in the law of commitment both with regard to the grounds and the procedure of commitment. In a major change from the LAA, the ILA permitted a lunatic to apply to the Board of visitors to voluntarily seek treatment in a mental hospital. While all involuntary commitments, including those sought by relatives or friends, in mental hospitals situated in presidency towns had to be obtained from a magistrate. The obligatory production of affirmative medical opinion on 'lunacy' continued, with more elaborate

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<sup>7</sup> Written law

specification on the form of the medical certificates and the procedure for obtaining them. It also include the details of reception order, order in case of cruelly treated or not under proper care and control, Reception and retention of criminal lunatics and details of care and treatment of lunatics.

Analysing the Asylum Documents it can be found that the Asylum practices in colonial India was much influenced by these two important laws, Indian Lunatic Act 1858 and Indian Lunacy Act 1912. After 9 years of Indian Lunacy Act, in 1921 Cochin State passed a new act for dealing with mentally ill people it is known as Cochin Lunacy Act. (Sign Manual Cochin State, 173 - 176)

Analyzing asylum practices in Kerala it has been seen that the Calicut lunatic Asylum under Madras presidency followed the same Lunacy act developed by the British. Meanwhile, the cochin state developed a new Act called Cochin Lunacy Act in 1921 (Regulation VII of 1096(1921), the Cochin Lunacy regulation). The researcher has collected this act from Regional Archives Ernakulam .Comparing Indian lunacy act and Cohin Lunacy Act reveals that The Cochin Lunacy Act was just a replication of Indian Lunacy Act. The Indian mental health act 1987 which is followed in today's mental health field is the continuation of Indian Lunacy Act.

The present section focuses on the Cochin Lunacy act and its implications in the lunatic practice in the earliest twentieth century in Cochin. This act provides power to the state authorities to interfere into all the



matters of insane. There was a particular procedure followed for the reception of lunatics. Chapter two of Cochin Lunacy Act section **3-10** explain act explains the details

### **3. Reception of person in asylum**

- (1) No person other than a criminal lunatic or a lunatic so found by inquisition shall be received or detained in an asylum without a reception order save as provided by sections 7 and 14.

Provided that any person in charge of an asylum may, with the consent of two of the visitors of such asylum, which consent shall not be given except upon a written application from the intending boarder, receive and lodge as a boarder in such asylum any person who is desirous of submitting himself to treatment.

- (2) A boarder received in an asylum under the proviso to sub-section (1) shall not be detained in the asylum for more than twenty-four hours after he has given to the person in charge of the asylum notice in writing of his desire to leave such asylum.

## **Reception orders on petition**

### **4. Application for reception order**

- (1) An application for a reception order shall be made by petition accompanied by a statement of particulars to the Magistrate within the local limits of whose jurisdiction the alleged lunatic ordinarily resides, shall be in the form prescribed and shall be supported by two medical certificates shall be from a medical officer.
- (2) If either of the medical certificates is signed by any relative, partner or assistant of the lunatic or of the petitioner, the petition shall state the fact, and, where the person signing is a relative, the exact manner in which he is related to the lunatic or petitioner.
- (3) The petition shall also state whether any previous application has been presented for an inquiry into the mental capacity of the alleged lunatic in any Court; and if such application has been made, a certified copy of the order made thereon shall be attached to the petition.

### **5. Application by whom to be presented**

- (1) The petition shall be presented, if possible, by
  - (a) the husband or wife of the alleged lunatic, or
  - (b) by any other relative of his.

- (2) If the petition is not so presented, it shall contain a statement of the reasons why it is not so presented, and of the connection of the petitioner with the alleged lunatic, and the circumstances under which he presents the petition.
- (3) No person shall present a petition unless he has attained the age of majority as determined by the law to which he is subject, and has, within fourteen days before the presentation of the petition, personally seen the said lunatic.
- (4) The petition shall be signed and verified by the petitioner, and the statement of prescribed particulars, by the person making such statement.

**6. Procedure upon petition for reception order**

- (1) Upon the presentation of the petition the Magistrate shall consider the allegations in the petition and the evidence of lunacy appearing by the medical certificates.
- (2) If he considers that there are grounds for proceeding further, he shall personally examine the alleged lunatic, unless, for reasons to be recorded in writing, he thinks it unnecessary or inexpedient so to do.
- (3) If he is satisfied that a reception order may properly be made forthwith, he may make the same accordingly.
- (4) If he is not so satisfied, he shall fix a date (notice whereof shall be given to the petitioner and to any other person to whom in the opinion of the Magistrate notice should be given) for the consideration of the petition,

and he may make such further or other enquiries of or concerning the alleged lunatic as he thinks fit.

**7. Detention of alleged lunatic pending inquiry**

Upon the presentation of the petition the Magistrate may make such order as he thinks fit for the suitable custody of the alleged lunatic pending the conclusion of the inquiry.

**8. Consideration of petition**

The petition shall be considered in private in the presence of the petitioner, the alleged lunatic (unless the Magistrate in his discretion otherwise directs), any person appointed by the alleged lunatic to represent him and such other persons as the Magistrate thinks fit.

**9. Order**

- (1) At the time appointed for the consideration of the petition, the Magistrate may either make a reception order or dismiss the petition, or may adjourn the same for further evidence or inquiry, and may make such order as to the payment of the costs of the inquiry by the person upon whose application it was made, or out of the estate of the alleged lunatic if found to be of unsound mind, or otherwise, as he thinks fit.

- (2) If the petition is dismissed, the Magistrate shall record in writing his reasons for dismissing the same, and shall deliver or cause to be delivered to the petitioner a copy of such order.

## **10. Further provisions as to reception orders on petition**

No reception order shall be made under section 6 or section 9, save in the case of a lunatic who is dangerous and unfit to be at large, unless - (a) the Magistrate is satisfied that the person in charge of an asylum is willing to receive the lunatic, and

(b) The petitioner or some other person engages in writing to the satisfaction of the Magistrate to pay the cost of maintenance of the lunatic.

(Regulation VII of 1096(1921),the Cochin Lunacy regulation p3-5)

This shows the states control over receiving mentally ill in the Asylums .The Magistrate <sup>8</sup>was the higher authority to make the final decision on the reception of inanes in the asylums. The Cochin Lunacy Act also assumes the power and duties of police in respect of wandering or dangerous lunatics and lunatics cruelly treated or not under proper care and control .The details are given below

### **Reception orders otherwise than on petition**

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<sup>8</sup> "Magistrate" means the District Magistrate or any other Magistrate specially empowered by the Government to perform the functions of a Magistrate under this Regulation;

Chapter **2 section 11 to 14** of Cochin Lunacy Act explain Powers and duties of police in respect of wandering or dangerous lunatics and lunatics cruelly treated or not under proper care and control

- (1) Every officer in charge of a police station may arrest or cause to be arrested all persons found wandering at large within the limits of his station whom he has reason to believe to be lunatics, and shall arrest r cause to be arrested all persons within the limits of his station whom he has reason to believe to be dangerous by reason of lunacy. Any person so arrested shall be taken forth with before the Magistrate.
- (2) Every officer in charge of a police station who has reason to believe that any person within the limits of his station is deemed to be a lunatic and is not under proper care and control, or is cruelly treated or neglected by any relative or other person having the charge of him shall immediately report the fact to the Magistrate.

## **12. Reception order in case of wandering and dangerous lunatics**

Whenever any person is brought before a Magistrate under the provisions of sub-section (1) of section 11, the Magistrate shall examine such person, and if he thinks that there are grounds for proceeding further shall cause him to be examined by a medical officer and may make such other inquiries as he thinks fit; and if the Magistrate is satisfied that such person is a lunatic and a proper person to be detained, he may, if the

medical officer who has examined such person, make a reception order for the admission of such lunatic into an asylum:

Provided that, if any friend or relative desires that the lunatic be sent to a licensed asylum and engages, in writing to the satisfaction of the Magistrate, to pay the cost of maintenance of the lunatic in such asylum, the Magistrate shall, if the person in charge of such asylum consents, make a reception order for the admission of the lunatic into the licensed asylum mentioned in the engagement;

Provided further that if any friend or relative of the lunatic enters into a bond with or without sureties for such sum of money as the Magistrate thinks fit conditioned that such lunatic shall be properly taken care of, and shall be prevented from doing injury to himself or to others, the Magistrate, instead of making a reception order, may, if he thinks fit, make him over to the care of such friend or relative.

### **13. Order in case of lunatic cruelly treated or not under proper care and control**

- (1) If it appears to the Magistrate, on the report of a police officer or the information of any other person, that any person within the limits of his jurisdiction deemed to be a lunatic is not under proper care and control, or is cruelly treated or neglected by any relative or other person having the charge of him, the Magistrate may



cause the alleged lunatic to be produced before him, and summon such relative or other person as has or ought to have the charge of him.

- (2) If such relative or other person is legally bound to maintain the alleged lunatic, the Magistrate may make an order for such alleged lunatic being properly cared for and treated, and if such relative or other person wilfully neglects to comply with the said order, the Magistrate may sentence him to imprisonment for a term which may extend to one month.
- (3) If there is no person legally bound to maintain the alleged lunatic, or if the Magistrate thinks fit so to do, he may proceed as prescribed in section 12, and upon being satisfied in manner aforesaid that the person deemed to be a lunatic is a lunatic and a proper person to be detained under care and treatment may, if a medical officer gives a medical certificate with regard to such lunatic, make a reception order for the admission of such lunatic into an asylum.

#### **14. Detention of alleged lunatic pending report by medical officer**

- (1) When any person alleged to be a lunatic is brought before a Magistrate under the provisions of section 11 or section 13, the Magistrate may, by an order in writing, authorise the detention of the alleged lunatic in suitable custody for such time not exceeding ten days as may be, in his opinion, necessary to enable the

medical officer to determine whether such alleged lunatic is a person in respect of whom a medical certificate may be properly given.

- (2) The Magistrate may, from time to time, for the same purpose by order in writing authorise such further detention of the alleged lunatic for periods not exceeding ten days at a time as he thinks necessary.

Provided that no person shall be detained in accordance with the provisions of this section for a total period exceeding thirty days from the date on which he was first brought before the Magistrate. (Regulation VII of 1096(1921), the Cochin Lunacy regulation p5-8)

This description clearly shows that the police officers have all the power to exert their control over a lunatic. Otherwise they are answerable to the court or the magistrate. Through this act, the S State has assigned the role of excluding the insane from the society by forcefully admitting them in to the asylums .In other words, the exclusion of the inanes was supported by the state .

Chapter for of this act asserted the power of District court <sup>9</sup>to institute inquisition as to person alleged to be lunatic and it also provides power to direct the Diwam peishkar to take charge of persons and estate of lunatic in certain cases.

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<sup>9</sup> "District Court" means the principal Civil Court of original jurisdiction

#### **41. Power to direct Diwan Peishkar to take charge of person and estate of lunatic in certain cases**

- (1) If the estate of the lunatic so found consists in whole or in part of land or any interest in land the District Court may direct the Diwan Peishkar to take charge of the person and estate of the lunatic:

Provided that no such order shall be made without the consent of the Diwan Peishkar shall thereupon appoint a manager of the estate, and may appoint a guardian of the person of the lunatic.

#### **42. Control over proceedings of Diwan Peishkar**

All proceedings of the Diwan Peishkar in regard to the person or estate of a lunatic under this Chapter shall be subject to the control of the Government or of such authority as it may appoint in this behalf.

#### **43. Power to apply property for lunatic's maintenance without appointing manager in certain cases**

- (1) If it appears to the Court, having regard to the situation and condition in life of the lunatic and his family and the other circumstances of the case, to be expedient that his property should be made available for his or other maintenance in a direct and inexpensive manner it may, instead of appointing a manager of the estate,